



MULTI-FAMILY PROPERTY TAX EXEMPTION

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362
360.417.4750 | www.cityofpa.us | ced@cityofpa.us

file no. _____

The purpose of a Multi-Family Property Tax Exemption (MFPTE) is to encourage more multi-family housing opportunities, including affordable housing, within the City; stimulate the construction of new multi-family housing and the rehabilitation of existing vacant and underutilized buildings; increase the supply of mixed-income multi-family housing within the City; promote community development, neighborhood revitalization, and availability of affordable housing; and encourage additional housing density in areas that are consistent with planning for public transit systems.

CONTACT INFORMATION

Applicant Name: _____ (Property Owner: Yes No)

Mailing Address: _____

Phone: _____ Email: _____

Applicant's Representative (if other than Applicant): _____

Phone: _____ Email: _____

(If applicant, or applicant's representative, is not the owner, property owner acknowledgment of this proposed land use action must be provided)

PROPERTY INFORMATION

Full Street Address: _____

Full Legal Description: _____

Parcel Number: _____ Current Zoning: _____

Comprehensive Plan Designation: _____

APPLICATION MATERIALS CHECKLIST

- MFPTE Application:** A completed application signed by the property owner
- Site, Building, and Floor Plans (x2):** Scale 1" = 20'
- A Digital Copy of Site and Building plans:** If plans are larger than 11"x17" (To: CED@cityofpa.us)
- A Project Narrative:** Explaining how the property will satisfy the affordable housing commitment proposed
- Acknowledgement of potential tax liability:** An affidavit signed by the property owner and notarized
- Verification of property noncompliance with applicable building and housing codes:** (if applicable)
- Afadavit of Building Vacancy:** (if applicable)
- Site Photos:** Photos that illustrate the layout of the property and any structures or proposed uses

I have read and completed the application and attached all application materials and know it to be true and correct. I am authorized to apply for this exemption and understand that additional information may be required. I understand that I will forfeit fees if I withdraw the application prior to exemption issuance. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct.

Date	Print Name	Signature (<input type="checkbox"/> Owner <input type="checkbox"/> Representative)
Notes:		DATE STAMP
Fees: \$0		



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PROJECT INFORMATION

Is the project site currently vacant? Yes No

Number of existing residential units: Occupied: _____ Vacant: _____ Total: _____

Total number of dwelling units proposed: _____ Residential Rental: _____ Residential For Sale: _____

Exemption requested: **8-year:** Market-Rate Affordable **12-year:** Owner Occupied Rental Occupied

Number of units for which a tax exemption is requested: _____

Number of tax exempt units that will be: New Construction: _____

Rehabilitation/Demolition of vacant units: _____ / _____ Conversion from non-residential use: _____

Rental Units: _____ Owner Occupied _____ Affordable: _____

Number of units for which a tax exemption is requested: _____

Anticipated Construction Start Date: _____ Anticipated Construction Completion Date: _____

Residential: New Construction Rehabilitation

Unit Mix	# of Units	Avg. Unit Size	Total SF	Total Cost	Cost Per Unit
Studio/1 Bdrm					
2 Bedrooms					
3+ Bedrooms					
Common Areas*					
Totals				A	
Cost per SF				B	

* Includes residential lobbies, recreation areas, parking, storage areas, etc.

Non-Residential:

Use Mix	Total SF	Total Cost	Cost per SF
Commercial, Office, Retail, etc.		C	D
Commercial Common Areas*			
Totals		E	

* Includes commercial lobbies, restrooms, parking, storage areas, etc.

Projected cost and floor area (SF) of new construction/rehabilitation:

Projected total cost and cost/SF of **residential** construction/rehabilitation: \$ _____ A _____ B \$/SF
 Projected total cost and cost/SF of **non-residential** construction/rehabilitation: \$ _____ C _____ D \$/SF
 Total projected cost of all new construction/rehabilitation: \$ _____ E (A+C)

Source of Cost Estimates: _____



Affidavit of Building Vacancy

(Corporate Ownership Format)

I/We, owner(s) of the building described herein, hereby swear under penalty of perjury that the dwelling units located at (address) _____ for which a tax exemption has been requested, is legally described as _____

with Assessor's Parcel Number(s) of _____

and currently have _____ vacant dwelling units. The unit numbers are: _____

_____ and have been vacant for at least 12 consecutive months prior to application and are currently vacant.

EXECUTED this _____ day of _____ 20____.

Signature

Name Printed

STATE OF WASHINGTON)
COUNTY OF CLALLAM)SS

I CERTIFY that I know or have satisfactory evidence that _____, is the person who appeared before me, and said person acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATE

SIGNATURE OF NOTARY PUBLIC

PRINTED

TITLE

DATE APPOINTMENT EXPIRES

(Seal or Stamp)

