



## NEZ Application Submittal Checklist

***This checklist must be initialed and attached to the NEZ application at time of submittal***

Verify the Project Address is in the Neighborhood Empowerment Zone \_\_\_\_\_

The above items can be located at *(Insert link to Map)*

### Note to Applicant:

Please be advised that all New Construction must adhere to the NEZ Design Guidelines per the NEZ policy. For more information on Design Guidelines and Strategic Plans, please visit *(Insert link to website)*.

Applicant

Initials

### Completed and signed application

\*If the property is owned by a business entity or corporation, corporation papers or operating agreement noting ALL principles, partners and registered agents is required \*

\_\_\_\_\_

### Proof of ownership such as:

- A warranty deed
- Purchase agreement signed by both the seller and the buyer
- Affidavit of ownership, probated will or evidence of site control such as option to buy
- A registered Warranty Deed is **required** for applications that are applying for Tax Abatement.

\_\_\_\_\_

### Line Itemized construction budget for all projects

*\*If you are doing work to your **single-family** home yourself, you may use the attached budget form. \*If you are a contractor or you are hiring a contractor/contractors, construction manager or any other type of professional for your project, **you must provide the line item budget or estimate from them.***

\_\_\_\_\_

### Plans showing dimensions and square footage of the following:

- Site plan with structure or proposed structure
  - Floor plans for each floor with square footage listed (existing and proposed if different)
  - Elevations listing materials to be used. (North, South, West and East View for New Construction)
  - Elevations effected by the project are required for Rehabilitations
- These plans will be retained by staff and cannot be used for Building Permit submittal\**

\_\_\_\_\_

**List of Properties in Wichita Falls city limits (By address) owned by all owners/developers** \_\_\_\_\_

If no additional properties are owned within the City of Wichita Falls, please check here

**Incomplete applications will not be processed until all required documentation is received.**



Application# \_\_\_\_\_

## City of Wichita Falls

### Neighborhood Empowerment Zone (NEZ) Application for Incentives

#### Applicant Information

**Deeded Property  
Owner/Developer**

*Last* *First* *M.I.*

**Mailing Address:**

*Street Address* *City* *State* *Zip*

**Phone:**

**Email:** \_\_\_\_\_

**Contact:**

*(If different)*

*Last* *First* *M.I.*

**Phone:**

**Email:** \_\_\_\_\_

#### Project Information

NEZ certifications are project and owner specific. Please describe your project: \_\_\_\_\_

**Project Type**

☐

Single Family

☐

Multi-Family

☐

Commercial

☐

Mixed-Use

**Project Address:**

*Street Address*

**Legal Description:**

*Lot* *Block* *Addition*

**New Construction / Addition:**

YES

☐

NO

☐

**Remodel / Rehab:**

YES

☐

NO

☐

**Total New Sq. Ft.**

\_\_\_\_\_

**Total Development Cost:**

\_\_\_\_\_

**For a single family project, will the NEZ certified property be occupied by the property owner as a primary residence?**

YES

☐

NO

☐

**If you selected No, please specify if this property will be sold to a homeowner as a primary residence or used as rental property.** \_\_\_\_\_

**If your project is a Commercial or Mixed Use project, please list all specific uses that are being proposed:**

\_\_\_\_\_  
\_\_\_\_\_

#### Incentives

**Do you wish to apply for a Municipal Property Tax abatement for this project?**

YES NO

☐☐

If the above answer is yes, please contact the City of Wichita Falls Neighborhood Revitalization Department at (940) 761-7451 or visit [wichitafalls.gov](http://wichitafalls.gov) for additional information. **Tax Abatements are processed after NEZ project certification and must go before the City Council for a vote.**

**Applicants requesting tax abatement may not submit for a building permit until the abatement has been approved by the City Council and the applicant has signed a contract.**



Application# \_\_\_\_\_

## City of Wichita Falls

### Neighborhood Empowerment Zone (NEZ) Application for Incentives

YES NO

Do you wish to apply for a release of NEZ Property City lien?

Weed, Paving, Demolition and Board Up / Open Structure liens may be released for qualifying projects.

#### For Planning Office Use Only Do Not Check!

Is the Project Address inside the Neighborhood Empowerment Zone? YES NO

Will a Zoning Change application be necessary for this project? YES NO

Current Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Signature of Zoning Staff: \_\_\_\_\_ Date: \_\_\_\_\_

#### Acknowledgements

##### PLEASE INITIAL NEXT TO EACH STATEMENT

\_\_\_\_\_ I understand that my application **will not** be processed if it is incomplete. I agree to provide any **additional** information for determining eligibility as requested by the City. If the additional information is not submitted within 30 days, the application will be denied and application fees paid will not be reimbursed.

\_\_\_\_\_ I hereby certify that the information provided is true and accurate to the best of my knowledge. If I have misrepresented the facts in order to circumvent the NEZ policy, I hereby understand that I will be responsible for repaying the City of Wichita Falls **all** fees and taxes waived through my NEZ certification and **I will no longer be eligible to apply for any NEZ incentives in the future.**

\_\_\_\_\_ I hereby certify that all documents and information required by the Application Submittal Checklist is attached.

\_\_\_\_\_ I hereby acknowledge that I have read the NEZ Basic Incentives and Tax Abatement Policy, which governs the granting of tax abatements, fee waivers and release of City liens, and that any VIOLATION of the terms of the NEZ Basic Incentives or MISREPRESENTATION shall constitute grounds for rejection of an application or termination of incentives at the discretion of the City.

\_\_\_\_\_ I understand that the approval of fee waivers and other incentives shall not be deemed to be approval of any aspect of the project. I understand that I am responsible for obtaining required permits and inspections from the City and in ensuring the project is located in the correct zoning district.

\_\_\_\_\_ I understand that if there are back taxes due or liens against any property I own under any name in the City of Wichita Falls, I will not be eligible for NEZ incentives.

\_\_\_\_\_ I hereby certify that the project plans submitted with this application meet the NEZ Design Guideline requirements. I understand that if the project plans do not meet the design requirements, all permits will be put on hold pending correction. I understand if I choose to relinquish my NEZ certification instead of meeting the design requirements, payment for all fees waived by the City up to that point will be due immediately and the building permit will not be issued until payment is made.



Application# \_\_\_\_\_

**City of Wichita Falls**

**Neighborhood Empowerment Zone (NEZ) Application for Incentives**

\_\_\_\_\_ I understand that if I have submitted an opt out form and have had a building permit issued, I am not eligible to apply for any incentives from the NEZ program.

**Printed Name of Property  
Owner/Developer**

**Signature of Property  
Owner/Developer**

**Date**

For more information on the NEZ Program Incentives, please visit our web site at [wichitafalls.gov](http://wichitafalls.gov) or contact our office at (940) 761-7451.

For more information on Tax Abatements, see the above website or contact Christal Cates with the Neighborhood Revitalization Department at (940) 761-7451.

**PLANNING DEPARTMENT OFFICE USE ONLY  
APPLICATION REVIEW**

Application Received by: \_\_\_\_\_ Date of Application \_\_\_\_\_

Is the application complete, including any additional documentation?    Yes       No

Date of Construction Permit \_\_\_\_\_ Date of Permit Expiration \_\_\_\_\_

Date of Council Action \_\_\_\_\_

Date of Project Completion \_\_\_\_\_

Did the property owner submit a homestead exemption?    Yes       Date: \_\_\_\_\_    No



# NEZ Construction Budget

## For Single-Family self-constructed projects Only

**(All other projects must provide a contractors quote or commercial project line item budget)**

Project address: \_\_\_\_\_

Eligible rehabilitation or new construction costs include only physical improvements to real property. Real Property Improvements—means a habitable structure as defined by the City of Wichita Falls Building Code. It does **NOT** include: personal property such as furniture, appliances, equipment, and/or supplies. Carports, fences, parking lots, accessory structures such as sheds, incidental out buildings and garages are only eligible if included in the original new construction project. These items do not qualify as stand alone projects.

Item description : (add further description if needed)	Price
Demolition :	
Roof Repair/ Replacement/Installation :	
Mechanical (Heating/ Air conditioning) :	
Electrical :	
Plumbing :	
Flooring (Carpet, Tile , etc):	
Additional Room(s) / Additions —Total additional square feet to be added: _____	
Interior Improvements (Walls, etc) :	
Foundation :	
Materials :	
Exterior (Paint, Siding, Masonry, etc) :	
Landscaping :	
Other :	
<i>If homeowner labor only</i> : total # of hours: _____ x ____ per hour :	
<b>Total</b>	

I, \_\_\_\_\_, hereby certify that the above estimate of costs for the proposed self constructed rehabilitation or new construction of my single-family project on property located at : \_\_\_\_\_ is true and correct. I also attest that if I hire professional contractors at any time during construction, I will provide a copy of the contractors estimate to update this budget.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature



# NEZ Property Ownership List

Please list all properties owned in **Wichita Falls City limits** by the owner/developer

Address:
Address:
Address:
Address:
Address:
Address:
Address:
Address:
Address:

(PRINTED OR TYPED NAME)

(AUTHORIZED SIGNATURE)

(DATE)