Town of East Hampton

Assessment Deferral Program Application

I. Application Information:

A. Property Address: _____

Map_____ Block_____ Lot_____

B. Owner:_____

C. Nature of owner's interest in the property (i.e., sole owner, 50% share holder, etc.)

_____

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D. Name, mailing address and phone number of person to contact concerning application (i.e. owner or authorized agent):

Name: _____

Address:_____

Telephone: _____

II Rehabilitation/ New Construction

A. Expected date of commencement: _____

B. Expected date of completion: _____

C. Type of Rehabilitation or construction (specify): _____

_____

_____

D. Property use (please list all proposed uses):

_____

_____

E. Square footage of new construction _____

F. Approximate cost of proposed construction: _____

I. Current assessed value of property:
Land: _____
Building(s): _____
(If more than one, list assessment on each and check building(s) to be improved)

IV. Other tax subsidies
A. Are you receiving abatement or deferral of tax increases for the subject property under any other program? ( ) Yes ( ) No

If so, describe: _____

_____

_____

V. Sworn statement

I certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my knowledge and belief.

_____ _____
Signature (property owner) Date

Subscribed and sworn to me this _____ day of _____20_____

_____ _____
Name and title: Clerk or Commissioner Signature
Of the Superior Court, Notary Public,
Justice of the Peace, Judge