

CITY OF COLONIAL HEIGHTS  
OFFICE OF THE CITY ASSESSOR  
201 JAMES AVENUE  
COLONIAL HEIGHTS, VIRGINIA 23834  
(804) 520-9272 / Fax: (804) 520-9218  
Bruce E. Cashion, City Assessor

I hereby submit this application for partial exemption from real estate taxes for qualifying Residential property to be rehabilitated, renovated or replaced as provided in Ordinance 18-10 of Chapter 258, Taxation, of the Colonial Heights City Code (as amended).

Parcel ID #: \_\_\_\_\_ Owner of Record: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Year Built: \_\_\_\_\_ Estimated Cost of Rehabilitation: \_\_\_\_\_

Are the real estate taxes for this property current and paid as of the date of this application? \_\_\_\_\_ (Y/N) If no, please refer to the rules and regulations regarding participation in the program.

Has the project been reviewed and approved by the Department of Planning and Building Inspections?  
\_\_\_\_\_ (Y/N)

\_\_\_\_\_ (Dept. of Planning & Building Inspections Representative please initial.)

Have required permits been applied for and approved by the Department of Planning and Building Inspections?  
\_\_\_\_\_ (Y/N)

Description of work to be performed:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements contained in this application are, to the best of my knowledge, correct and true. I have received and understand the guidelines for the program to which I am applying.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Owner or Authorized Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

**DO NOT START REHABILITATION OR RENOVATION OF THE RESIDENTIAL STRUCTURE  
UNTIL THE CITY ASSESSOR HAS INSPECTED THE PROPERTY.**

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OFFICE USE ONLY

1. Fee Paid \$ \_\_\_\_\_
2. Date this application and applicable permit received by Assessor: \_\_\_\_\_
3. Real Estate Taxes Current: \_\_\_\_\_
4. Are approved plans on file with the Building Inspection Dept? \_\_\_\_\_ Assessor's Initials: \_\_\_\_\_