



**CITY OF NOLANVILLE  
NEIGHBORHOOD EMPOWERMENT ZONE (NEZ) PROGRAM**

**PROJECT CERTIFICATION APPLICATION**

**I. Application Checklist – Please submit the following documentation**

- A completed application form
- Non-Refundable Application fee** – For residential tax abatement application, the application fee is \$100.00 for each residential unit. For multi-family, commercial, industrial and mixed-use tax abatement application; 0.5% of the total Capital Investment of the project, with a \$200.00 minimum and not to exceed \$2,000.00.
- Proof of ownership, such as a warranty deed, purchase agreement signed by both the seller and the buyer, affidavit of heirship, or a probated will or evidence of site control, such as option to buy (**A registered warranty deed is required for a tax abatement application**)
- A reduced 11 x 17 floor plan, site plan, and site elevation with a written detailed project description that includes a baseline performance standard and a construction time
- A detailed line item budget showing the cost breakdown for the project
- Appraisal Card from Bell County Appraisal District
- List of Properties (By address) owned by the owner/developer.
  - If no additional properties are owned within the City of Nolanville, please check here.

**Incomplete applications will not be processed for certification until all required documents shown in the above checklist are submitted within 30 days after the application is received.**

**You must apply for tax abatement before any building permits are issued for your property and before any improvements are made to your property. It takes 30-60 business days to complete the Tax Abatement Agreement approval process after the issuance of the NEZ Certification depending on the complexity of your project. All building permits must be pulled within the 12-month period that certification was approved, or within 12 month period that the tax abatement was approved or you will be required to re-apply for NEZ incentives.**

**II. Applicant/Agent Information**

**1. Applicant:** \_\_\_\_\_

**2. Contact Person:** \_\_\_\_\_

**3. Address:**

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Street	City	State	Zip
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4. Phone Number: \_\_\_\_\_

5. Fax No.: \_\_\_\_\_

6. E-Mail: \_\_\_\_\_

7. Agent (if any): \_\_\_\_\_

8. Address: \_\_\_\_\_

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Street	City	State	Zip
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9. Phone No.: \_\_\_\_\_

10. Fax No.: \_\_\_\_\_

11. E-Mail: \_\_\_\_\_

**PROJECT ELIGIBILITY**

1. Please list down the addresses and legal descriptions of the project. Attach metes and bounds description if no address or legal description is available. Attach a map showing the location of the project.

**Table 1 Property Ownership**

Address (Project Location)	Zip Code	Subdivision Name	Lot No.	Block No.	Base Year Valuation	Tax Year

2. For each property listed in Table 1, please check the boxes below to indicate if:

- There are taxes past due or:
- There are City liens; or
- You (meaning the applicant, developer, associates, agents, principals) have been subject to an Order of Demolition where the property was demolished within the last 5 years.

**Table 2 Property Taxes and Liens**

Address	Property Taxes Due	Weed Liens	Board-up/Open Structure Liens	Demolition Liens	Paving Liens	Order of Demolition
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please see attached sheets of paper as needed.)

If there are taxes due or liens against any property in the City of Nolanville you may not be eligible for NEZ incentives.

3. Does the proposed project conform to the City of Nolanville zoning? Yes  No

If no, what steps are being taken to ensure compliance?

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4.

<b>Project Type:</b>	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi- Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Community Facilities	<input type="checkbox"/> Mixed-Use
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- Owner Occupied
- Rental Property

5. Please describe the proposed residential or commercial project and provide 11 x 17 drawing: \_\_\_\_\_  
 \_\_\_\_\_

6. If your project is commercial, industrial, or mixed-use project, please describe the types of business that is being proposed: \_\_\_\_\_  
 \_\_\_\_\_

7. Is this new construction or rehabilitation project?  New Construction  Rehabilitation

8. How much is the total development cost of your Project? \_\_\_\_\_

9. Will the eligible rehabilitation work equal to at least 30% of the Bell County Tax Appraisal District (BELLCAD) assessed value of the structure during the year rehabilitation occurs?  Yes  No

- Eligible rehabilitation includes only physical improvements to real property. It does NOT include: Front yard fencing consisting of chain-link or solid material construction; personal property such as furniture, equipment, and/or supplies. Total eligible rehabilitation costs shall equal to 30% of BELLCAD appraised value of the structure during the year rehabilitation occurs.

10. How much is the total square footage of your project? \_\_\_\_\_ sq. ft.

11. For a single family homeownership, mixed-use, or multi-family development project, please fill out the number of residential units.

**Table 3**      **Number of Residential Units**

Number of Units	Percentage

12. For a commercial or industrial project, indicate square footage of non-residential space.

Commercial	Industrial	Community Facilities

13. What is your Capital Investment\*\*\*for this project? Please use the following table to provide the detail and amount of your Capital Investment (Attached additional sheets if necessary).

**Table 4 Itemized Budget of the Project**

Item description : (add further description if needed)	Amount	Notes
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 :		
If homeowner labor only : total # of hours: _____ x ___ per hour :		
<b>TOTAL</b>		

\*\*\*Capital investment includes only real property improvements such as new facilities and structures, site improvements, facility expansion, and facility modernization. Capital Investment DOES NOT include land acquisition costs and/or any existing improvements, or personal property (such as machinery, equipment, and/or supplies or inventory).

I, \_\_\_\_\_, hereby certify that the above estimate of costs for the proposed rehabilitation or new construction of my property at : \_\_\_\_\_ is true and correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Owner/Developer Signature

**14. For a mixed-use project, please indicate the percentage of all uses in the project in the following table.**

**Table 4 Percentages of uses in a Mixed Use Project**

Type	Square Footage	Percentage
<b>TOTAL</b>		

**III. INCENTIVES - What incentives are you applying for?**

**Municipal Property Tax Abatements**



\_\_\_\_\_ I understand that I must pay all associated fees at the time of project application and/or permit submittal if I wish to submit permits prior to determination of NEZ eligibility. This includes setting up an escrow account with the City. I understand that some permits may not be issued while NEZ eligibility is being established. Example: Applications that are requesting Tax Abatement.

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

\_\_\_\_\_ I hereby certify that the information provided is true and accurate to the best of my knowledge.

PRINTED OR TYPED NAME

AUTHORIZED SIGNATURE

DATE

**Please email your application to:**  
**Chris Atkinson, Public Works Director at [catkinson@nolanvilletx.gov](mailto:catkinson@nolanvilletx.gov)**  
**Public Works Department**  
 101 North 5<sup>th</sup> Street, Nolanville, Texas 76559  
 P: 254.698.6335 F: 254.698.2540

**For Office Use Only**

Application No. \_\_\_\_\_ In which NEZ? \_\_\_\_\_ Council District \_\_\_\_\_

Application Completed Date: \_\_\_\_\_ Conform with Zoning? Yes  No

Type:  Single Family  Multi-Family  Commercial  Industrial  Mixed Use

Construction Completion Date:  before NEZ  after NEZ

Ownership/Site Control  Yes  No

Account No. \_\_\_\_\_ Consistent with the NEZ plan?  Yes  No

Minimum Capital Investment?  Yes  No

Rehabilitation at or higher than 30%?  Yes  No Meet Mixed-Use Definition  Yes  No

Tax current on this property?  Yes  No City liens on this property?  Yes  No

Tax Current on other properties  Yes  No City liens other properties?  Yes  No

**This Property**

**Other Properties**

Weed Liens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Board-up/open structure liens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition liens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paving liens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Order of Demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certified?  Yes  No

Date certification issued? \_\_\_\_\_

If not certified, reason:

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Will a Zoning Change application be necessary for this project? Yes  No

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

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

Referred to: \_\_\_\_\_ Received by \_\_\_\_\_





# NEZ Construction 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 Nolanville Building Code. It does NOT include: personal property such as furniture, appliances, equipment, and/or supplies. Carports, solid or chain-link front fences, parking lots, accessory structures such as sheds and incidental outbuildings are only eligible if included in original project budget. These items do not qualify as a stand-alone project.

Item description : (add further description if needed)	Amount	Notes
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 :		
If homeowner labor only : total # of hours: _____ x _____ per hour :		
<b>TOTAL</b>		

I, \_\_\_\_\_, hereby certify that the above estimate of costs for the proposed rehabilitation or new construction of my property at : \_\_\_\_\_ is true and correct.

Date

Owner/Developer Signature





City of Nolanville Planning and Development Department

Neighborhood Empowerment Zone (NEZ)

NEZ INCENTIVES OPT-OUT

Owner Name and/or Company Name: \_\_\_\_\_

Owner Phone No. and Address: \_\_\_\_\_

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

Property Legal Description: \_\_\_\_\_

Neighborhood Empowerment Zone (NEZ): \_\_\_\_\_

Project Description: \_\_\_\_\_

By signing this Waiver Form, I acknowledge that I was notified about the NEZ program and all of its incentives including Development Fee Waivers, Municipal Tax Abatement, and Release of City Liens. I understand that if I decide to obtain a building permit for this specific project before applying for NEZ incentives, I am voluntarily forfeiting any claim(s) I have or may have to those incentives and I understand that I will not receive any refund for development fees paid, such as building permit fees, plat application fees, board of adjustment application fees, agreement application fees, or street and utility easement vacation application fee, or any other fee waivers afforded by the NEZ.

I also understand that this Waiver Form pertains to this specific project only, and by my signing this form I am signing for all partial or full co-owners of the above mentioned property and that no owner, full or partial may lay claim for a refund and/or NEZ incentives for this project after this form has been signed and fees paid.

I also understand that if I apply for a building permit or begin construction for this project without a building permit before submitting an application for NEZ incentives, I will not be eligible to apply for municipal tax abatement.

Reason For Waiving Incentives: \_\_\_\_\_

Print Owner or Co-Owner Name: \_\_\_\_\_ Print Agent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Please Note: Only the Owner, Co-Owner or Agent can sign this form. If agent signs or brings in the waiver for the owner or co-owner, they must have letter of authorization from owner, and a copy of owner's driver's license as proof that he/she has the power to act for Owner or Co-owner. A copy of the Registered Warranty Deed is only required if the owner's name listed in CAD is different from the current owner of the property.

For City Use Only

I, \_\_\_\_\_, discussed NEZ incentives and this form with the Signature of Employee Owner, Co-Owner, or Agent below.

Comments: [Empty box for comments]

Print Name: \_\_\_\_\_ Owner, Co-Owner, or Agent Who Signed Form

Driver's license submitted: Yes [ ] No [ ]
Deed submitted: Yes [ ] No [ ]
Authorization letter submitted: Yes [ ] No [ ]