Form AV-10 (Rev. 03-14)

ΔΡΡΙΙΚΑΤΙΟΝ	for TAV VEAD	

Property Tax Exemption or Exclusion

COUNTY:			MUNICIPALITY:
Full Name of Owner(s):			
Mailing Address of Owner:_			
Phone Numbers: Home:	Work:		Cell:
List the Property Identificat	tion Numbers and addresses/locations for the	properties included in	this application (attach list if needed):
Property ID #:	Address/Location:		
Property ID #:	Address/Location:		
Property ID #:	Address/Location:		
These exemptions or exclus may be recoverable if it is later [] G.S. 105-275(8) [] G.S. 105-275(17) [] G.S. 105-275(18),(19) [] G.S. 105-275(20) [] G.S. 105-275(45) [] G.S. 105-275(46) [] G.S. 105-277.13 [] G.S. 105-278.3 [] G.S. 105-278.4 Tax Deferment Programment Creation of deferred tags and the creation of tags and tags are creating tags and tags are creating tags.	potions and Exclusions—Check or write in the creation of deferred the ster determined that the property did not actually determined and propess. Lodges, fraternal & civic purposes. Goodwill Industries. Solar energy electric system. Charter school property. Brownfields-Attach brownfields agreement. Religious purposes. Educational purposes (institutional). ms—Check the tax deferment program for whomoses that will become immediately due and property deferred taxes will become due and payable with the property held as a future site. Working waterfront property. Site infrastructure land. Historic property-Attach copy of the local ord. Nonprofit property held as a future site of low.	axes. However, taxes for ally qualify for exemption [1] G.S. 105-278.5 [1] G.S. 105-278.6 [1] G.S. 105-278.6 [1] G.S. 105-278.6 [1] G.S. 105-278.6 [1] G.S. 105-278.7 [1] G.S. 105-278.8 [1] G.S. 131A-21 [1] Other: aich this application is many about a wire and admining the second admining a mining a	r prior years of exemption or exclusion on or exclusion for those prior years. Religious educational assemblies Home for the aged, sick, or infirm Low- or moderate-income housing YMCA, SPCA, VFD, orphanage CCRC-Attach Form AV-11 Other charitable, educational, etc. Charitable hospital purposes Medical Care Commission bonds ———————————————————————————————————
Describe the property:			
Describe the property.			
Describe how you are usir property, and any income y	ng the property. If another organization is uou receive from their use:		e their name, how they are using the
the best of my knowledge transfer of the property o program, I fully understand Signature(s) of Owner(s): (All tenants of a tenancy		tion or exclusion statut It in the loss of eligib om the program and the Title:	e. I fully understand that an ineligible ility. If applying for a tax deferment ne immediate billing of deferred taxes. Date:
in common must sign.)			Date:
The Ta	x Assessor may contact you for additional info	ormation after reviewir	ng this application.

OFFICE USE ONLY: [] APPROVED [] DENIED BY: _____ REASON FOR DENIAL: _____