



Ministry of Finance
 Sir Cecil Wallace-Whitfield Centre
 P. O. Box N-3017
 Nassau Bahamas

APPLICATION FOR TAX CONCESSIONS

- REAL PROPERTY TAX EXEMPTION
- DUTY FREE EXEMPTION

1.

NAME OF APPLICANT/AGENT

Address: _____
 Street: _____
 P. O. Box: _____
 Telephone: _____
 Fax: _____
 Email: _____

2.

NAME OF PROPERTY OWNER

Address: _____
 Street: _____
 P. O. Box: _____
 Telephone: _____
 Fax: _____
 Email: _____

3.

NAME OF PROPERTY (If any)

Historic Name: _____
 Original Date of Construction (if known): _____
 Property assessment number: _____
 Description: _____

*Attach unmounted photographs (See Explanatory Note 1)

4.

LOCATION OF BUILDING:

Street: _____ House No: _____
 P. O. Box: _____
 Community/Settlement: _____
 City/Town: _____

5.

OCCUPATION OF BUILDING: (See Explanatory Note 2)

- Occupied
- Vacant
- Abandoned

6.

CLASSIFICATION:

<p>(A) OWNERSHIP OF PROPERTY (Check boxes that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Private <input type="checkbox"/> Public/Government <input type="checkbox"/> Public/Corporation 	<p>(B) CATEGORY OF PROPERTY (Check one box only)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Buildings <input type="checkbox"/> District <input type="checkbox"/> Site <input type="checkbox"/> Structure <input type="checkbox"/> Object
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(C)

USE OF PROPERTY
 (Check boxes that apply)

- Residential
- Commercial
- Industrial
- Educational
- Religious
- Other

(D)

MATERIALS
 (Enter category)

foundation (e.g. stone) _____
 walls (internal) (e.g. wood) _____
 walls (external) (e.g. stone) _____
 roof (e.g. tiles) _____
 other (e.g. asbestos, shingles) _____

7.

NUMBER OF RESOURCES WITHIN PROPERTY: (See Explanatory Note 3)

<p>Contributing (historic)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Non-Contributing (non-historic)</p> <p>Buildings _____</p> <p>Sites _____</p> <p>Structures _____</p>
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Objects

Totals

8. a) SCOPE OF WORKS: (See Explanatory Note 4)

b) ESTIMATED COST OF REPAIRS (excluding labour) (Attach details)

9. STATUS OF BUILDING PLANS:

What type of building has been obtained for the proposed project? (Tick as appropriate)

- Approval in Principle
Building Permit Number

10. OWNER ATTESTATION: I hereby attest that the information provided is, to the best of my knowledge, correct, and that I own the property described in this application above or that I am legally the authority in charge of the property.

Name of Owner/Agent Signature Date

FOR OFFICIAL USE ONLY

11. ARCHITECTURAL STYLE:

12. TYPE OF REPAIR/ALTERATION:

- Restoration Rehabilitation
Preservation Reconstruction
Adaptive Re-use Replication

13. CERTIFICATION OF ELIGIBILITY:

As the designated authority under the Antiquities, Monuments and Museums Act, 1998, I hereby certify that this historic property meets the documentation standards for registration in the National Register of Historic Resources, and meets procedural requirements for tax concessions.

Signature of Certifying Official Date

14. RECOMMENDATION

- Approved Deferred Refused

Comments

Chairman Date

15. DECISION