

☐ LERTA or ☐ RETAP APPLICATION

**PLEASE PRINT**

Property Location: \_\_\_\_\_

Parcel ID Number (18 digits): \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Daytime Phone Number/s: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

If property owned by LLC or LP, list Primary Contact: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Contact's Daytime Phone Number/s: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

If joint ownership, list ALL other owners): \_\_\_\_\_

Permit Number/s: \_\_\_\_\_ Date/s of Permit: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Cost of Improvements: \_\_\_\_\_

☐ New Construction

☐ Renovations/Rehabilitation

Description of Improvements (for additional space use back of sheet and/or attach supporting documents:

[illegible]

Property Location: \_\_\_\_\_

I/We understand or certify that all of the following are true:

- (1) I/We are the legal owners of the property as stated on the most current deed registered in York County.
- (2) All City, County & School taxes and Business Improvement District assessments for the property are current.
- (3) Any abatement will be effective only after completion of all planned construction and improvements and compliance with all program requirements and approvals.
- (4) Once the abatement amount is set, increases in assessed value during the program period will not affect the abatement. However, additional improvements may increase the assessed value and thereby increase the taxes.
- (5) Applicants are accepted into the program effective January 1 for City and County and July 1 for School District. Applicants must complete all program requirements as stated in the guidelines currently in effect.
- (6) Real estate tax bills issued during the calendar year must be paid in full by the face deadline or by December 31 whichever comes first.
- (7) Abatement schedules for each of the three taxing entities may differ. Acceptance into the program by one taxing entity does not assure acceptance by other entities. A preliminary approval does not guarantee a final approval and acceptance into either abatement program.
- (8) **Copies of this application must be filed by the applicant with the York County Assessment Office (28 E Market Street) and the York City Treasurer’s Office (101 S George Street) as the designated representatives of the County of York and the York City School District.**

\_\_\_\_\_  
Signature of Owner and Contact

\_\_\_\_\_  
PRINT Name of Owner and Contact

\_\_\_\_\_  
Date Application Submitted

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
PRINT Name of Joint Owner

\_\_\_\_\_  
Signature of Joint Owner

\_\_\_\_\_  
PRINT Name of Joint Owner

**ATTACH NOTICE OF ASSESSED VALUE and RETURN TO:**  
Bureau of Permits, Planning & Zoning, 101 S George St, York, PA 17401      PH: (717) 849-2256

## LERTA / ReTAP Applicant Check List

Before your property is placed on either the ReTAP or LERTA program, you are responsible for confirming that copies of all documents required by the York City Department of Community & Economic Development (DCED) are submitted to Permits, Planning & Zoning, the York City Treasurer's Office and the York County Assessment Office. Permits, Planning & Zoning will automatically forward your application, supporting documents and building permits to the Department of Community and Economic Development for initial review.

**DO NOT RETURN THIS CHECK LIST WITH YOUR APPLICATION.**

Use it to keep track of the dates when required documents were submitted.

Keep a copy for your records!

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Property Address: \_\_\_\_\_ LERTA or ReTAP: \_\_\_\_\_

1. Copy of Application and supporting documents\* required by DCED and submitted to Permits, Planning & Zoning. Documents must include notice of current assessed value that meets your approval.

City Treasurer – Date \_\_\_\_\_ County Assessment – Date \_\_\_\_\_

2. Copy of Building Permit/s received from Permits, Planning & Zoning

City Treasurer – Date \_\_\_\_\_ County Assessment – Date \_\_\_\_\_

3. OPTIONAL: Copy of Preliminary Review from York City DCED

City Treasurer – Date \_\_\_\_\_ County Assessment – Date \_\_\_\_\_

4. Copy of Certificate of Use & Occupancy received from Permits, Planning & Zoning

City DCED – Date \_\_\_\_\_ Treasurer – Date \_\_\_\_\_ County – Date \_\_\_\_\_

5. Approval Letter received from Community & Economic Development

City Treasurer – Date \_\_\_\_\_ County Assessment – Date \_\_\_\_\_

6. Copy of Notice of Change in Assessment received from York County Assessment Office

City DCED – Date \_\_\_\_\_ City Treasurer – Date \_\_\_\_\_

\*Additional materials in support of the application may include, for example, a Notice of Change in Initial Assessment if changed by appeal to the Assessment Appeals Board or Court of Common Pleas, a Planning Review Summary, Architectural Drawings, Zoning Exception, etc.