Form AV-10 (Rev. 09-11)

APPLICATION	for TAY VEAR	
APPLICATION	IUI IAA TEAN	

Property Tax Exemption or Exclusion

Full Name of Owner(s): Trade Name of Business: Mailing Address of Owner: Work: Cell: List the Property Identification Numbers and addresses/locations for the properties included in this application (attach list if needed Property ID #: Address/Location: Non-Deferment Exemptions and Exclusions—Check or write in the exemption or exclusion for which this application is man these exemptions or exclusions don't result in the creation of deferred taxes. However, taxes for prior years of exemption or exclusion may be recoverable if It is later determined that the property did not actually qualify for exemption or exclusion for those prior years. [] G.S. 105-278[8] Pollution abatement/recycling [] G.S. 105-278.6 Religious educational assemblies [] G.S. 105-278.6 Religious educational assemblies [] G.S. 105-278.6 New Owner of the prior the gade in the property did not actually qualify for exemption or exclusion for those prior years. [] G.S. 105-278[8] Pollution abatement/recycling [] G.S. 105-278.6 New Owner of the prior the gade in the prior years of exemption or exclusion may be recoverable if It is later determined that the property in the prior years of exemption or exclusion for those prior years of exemption or exclusion in the prior years of exemption or exclusion for those prior years of exemption or exclusion in the prior years. See Tipe years of the prior years. Prior years years years years years years. See Tipe years years years years years. See Tipe years years	COUNTY:		MUNICIPALITY:		
Trade Name of Business: Mailing Address of Owner: Mork:	Full Name of Owner(s):				
Phone Numbers: Home:					
List the Property ID #: Address/Location: Address/Location:	Mailing Address of Owner:_				
Property ID #:Address/Location:	Phone Numbers: Home:	Work:		Cell:	
Property ID #:Address/Location:	List the Property Identifica	tion Numbers and addresses/locations for the	e properties included in	this application (attach list if needed):	
Non-Deferment Exemptions and Exclusions—Check or write in the exemption or exclusion for which this application is mad These exemptions or exclusions do not result in the creation of deferred taxes. However, taxes for prior years of exemption or exclusions and possible to the control of t	Property ID #:	Address/Location:			
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These exemptions or exclusions do not result in the creation of deferred taxes. However, taxes for prior years of exemption or exclusionary be recoverable if it is later determined that the property did not actually qualify for exemption or exclusionary or years. [] G.S. 105-275(8) Pollution abatement/recycling [] G.S. 105-278.6 Religious educational assemblies [] G.S. 105-275(17) Veterans organizations [] G.S. 105-278.6 Home for the aged, sick, or infirm [] G.S. 105-275(18) Lodges, fraternal & civic purposes [] G.S. 105-278.6 Low- or moderate-income housing [] G.S. 105-278(10) Goodwill Industries [] G.S. 105-278.6 Low- or moderate-income housing [] G.S. 105-278.6 Down or moderate-income housing [] G.S. 105-278.6 Polypropanage [] G.S. 105-278.7 Other charitable, peducational, etc. Polypropanage [] G.S. 105-278.7 Other charitable, educational, etc. Polypropanage [] G.S. 105-278.8 Polypropanage [] G.S. 105-278.9 Polypropanage [] G.S. 105-278.9 Polypropanage [] G.S. 105-278.9 Polypropanage [] G.S. 105-278.0 P	Property ID #:	Address/Location:			
Describe the property: Describe how you are using the property. If another organization is using the property, give their name, how they are using t property, and any income you receive from their use: AFFIRMATION: I, the undersigned, declare under penalties of law that this application and any attachments are true and correct the best of my knowledge and belief. I have read the applicable exemption or exclusion statute. I fully understand that an ineligit transfer of the property or failure to meet the qualifications will result in the loss of eligibility. If applying for a tax deferme program, I fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes Signature(s) of Owner(s): Title: Date: [All tenants of a tenancy	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. 105-277.13 [] G.S. 105-278.3 [] G.S. 105-278.4 [] Other:	Pollution abatement/recycling Veterans organizations Lodges, fraternal & civic purposes Goodwill Industries Solar energy electric system Brownfields-Attach brownfields agreement Religious purposes Educational purposes (institutional) ms—Check the tax deferment program for whoses that will become immediately due and polesered taxes will become due and payable of the program or sasociation organiz Historic district property held as a future site Residence held for sale by general contractor Working waterfront property	axes. However, taxes for ally qualify for exemption [] G.S. 105-278.6 [] G.S. 105-278.7 [] G.S. 105-278.8 [] G.S. 131A-21 [] G.S.	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 made. ***These programs will result in hen the property loses eligibility. The d the applicable statute carefully.*** hister lands for conservation purposes ch copy of the certificate of occupancy.	
AFFIRMATION: I, the undersigned, declare under penalties of law that this application and any attachments are true and correct the best of my knowledge and belief. I have read the applicable exemption or exclusion statute. I fully understand that an ineligible transfer of the property or failure to meet the qualifications will result in the loss of eligibility. If applying for a tax deferme program, I fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes. Signature(s) of Owner(s): [All tenants of a tenancy [Itle: Date:				housing	
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(All tenants of a tenancy	the best of my knowledge transfer of the property o program, I fully understand	and belief. I have read the applicable exemp or failure to meet the qualifications will result that loss of eligibility will result in removal for	tion or exclusion statut ult in the loss of eligib rom the program and th	re. I fully understand that an ineligible ility. If applying for a tax deferment ne immediate billing of deferred taxes.	
	(All tenants of a tenancy			Date:	
The Tax Assessor may contact you for additional information after reviewing this application.	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: _____