

**APPLICATION AND CERTIFICATION OF SPECIAL VALUATION ON
IMPROVEMENTS TO HISTORIC PROPERTY**

FILE WITH ASSESSOR BY OCTOBER 1

File No. _____

Application

County: CLARK

Property Owner: _____

Mailing Address: _____

Historic Property Name: _____

Property Address: _____

Parcel No./Account No.: _____

Legal Description: _____

Property is on (check appropriate box): National Historic Register Local Heritage Register

Building Permit # _____ Date: _____ County/City: _____

Rehabilitation Started: _____ Date Completed: _____

Actual Cost of Rehabilitation: \$ _____

Affirmation

As owner(s) of the improvements described in this application, I hereby indicate by my signature that I am aware of the potential liability (see reverse) involved when my improvements cease to be eligible for special valuation under provisions of Chapter 84.26 RCW.

I hereby certify that the foregoing information is true and complete.

Signature (s) of All Owner(s):

Assessor

The undersigned does hereby certify that the ownership, legal description and the assessed value prior to rehabilitation reflected below has been verified from the records of this office as being correct.

Assessed Value Exclusive of Land Prior to Rehabilitation

Date _____

Assessor/Deputy