



TOWN of MADISON
 Land Use Office
 8 Campus Drive
 Madison, CT 06443

(FOR OFFICE USE ONLY)
Date of Receipt _____
Application # _____

**TOWN OF MADISON TAX INCENTIVE POLICY
 ASSESSMENT DEFERRAL APPLICATION**

(1) Project Location:

Assessor's Map No(s): _____ Lot No(s): _____ Zoning District: _____

(2) Name of Owner(s): _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____ Email: _____

Street Town State Zip

(3) If Owner is not Applicant, complete the following section:

Name of Applicant(s): _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____ Email: _____

Street Town State Zip

(4) Project Description Summary:

(5) Identify all approvals that have been secured for the project and the date of approval:

Application Number: _____ Date of Approval: _____

Application Number: _____ Date of Approval: _____

Application Number: _____ Date of Approval: _____

(6) Are there any pending applications for zoning or other regulatory relief, or will any relief be required prior to the start of the project? YES NO

(7) Expected date of project commencement: _____

(8) Expected date of project completion: _____

(9) Estimated increase in assessed value after project completion: _____

(10) Do you owe back taxes on the subject property or any other Town of Madison property in which you have a legal or equitable interest? YES NO

(11) Required Documents:

Please be sure that your application submittal includes the following:

- Application form completed, signed, and dated.
- Written statement describing the project in greater detail.
- One set of the approved site plan and architectural elevations.

(11) SIGNATURE(S)

I hereby declare that all statements contained in any documents and/or drawings submitted as part of this application are, to the best of my knowledge and belief, true and accurate as presented and that I have read and understand the foregoing:

APPLICANT: _____
signature print name date

OWNER: _____
signature print name date

Completed applications should be submitted to:

Director of Planning & Economic Development
Land Use Office
8 Campus Drive
Madison, CT 06443

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Upon receipt, application shall be forwarded to:

- [] Board of Selectmen
- [] Board of Finance
- [] Economic Development Commission
- [] Director of Finance
- [] Town Assessor
- [] Tax Collector

Board of Selectmen Action: (action) _____ (date) _____

Board of Finance Action: (action) _____ (date) _____

Town Meeting Action: (action) _____ (date) _____