



Application No. \_\_\_\_\_

**APPLICATION FOR TAX EXEMPTION FOR REHABILITATED STRUCTURES**

City Assessor's Office  
P. O. Box 820  
Portsmouth, Virginia 23705-0820

I hereby request partial exemption from real estate taxes for qualifying property to be rehabilitated as provided in City Ordinance No. 1980-74, Article XIV, Sections 35-229 and 35-230 of the Code of the City of Portsmouth, Virginia.

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

Address of Property: \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_

Date Built: \_\_\_\_\_ Estimated Cost of Rehabilitation: \$ \_\_\_\_\_

Property type:  Residential  Commercial/Industrial

Located within Enterprise Zone:      Yes      No

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the statements contained in this application are to the best of my knowledge both correct and true.  
Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Owner or Agent: \_\_\_\_\_

***Please remit completed application  
to the above address or email to:  
[assessor@portsmouthva.gov](mailto:assessor@portsmouthva.gov)***

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**OFFICE USE ONLY**

1. Fee Paid \_\_\_\_\_ Receipt Number \_\_\_\_\_

2. Date this application received by the City Assessor \_\_\_\_\_

3. Date building permit approved by Building Official \_\_\_\_\_

4. Base value per Assessor's Office \_\_\_\_\_

5. Amount of exemption \_\_\_\_\_ Effective Date \_\_\_\_\_

**ATTACH FEE OF \$50.00**

**MAKE CHECK PAYABLE TO: CITY OF PORTSMOUTH**