



# Town of Seymour Tax Incentive Program Application

Date of Application: \_\_\_\_\_

Name of Person/Entity Submitting Application: \_\_\_\_\_

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

Property Location in Seymour for which Tax Abatement is Requested: (write same if so)

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own or lease this property? \_\_\_\_\_

If you lease, please list property owner and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Project: *(please check one)*      New Construction      Rehabilitation

Type of Project: *(Check all that apply)*

Office      Retail      Manufacturing      Warehouse, Storage, Distribution  
Multilevel Parking Associated with Mass Transit      Information Technology  
Recreation      Transportation

**Project Commencement Date:** \_\_\_\_\_

**Estimated Number of Employees Working at Site After Issuance of a Certificate of Occupancy:**

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Estimated Value of Improvements:** \_\_\_\_\_

**Estimated Value of Personal Property to be located at Project Site:** \_\_\_\_\_

**Provide a brief description of your project including:** Estimated cost of improvements, impact on employment (new jobs created as well as existing jobs retained), fiscal impacts, timeframe, or any other information you feel is necessary.

**Applicant's Signature & Title:** \_\_\_\_\_

\_\_\_\_\_

**Signature, Economic Development Director:** \_\_\_\_\_

**Signature, First Selectman:** \_\_\_\_\_