APPLICATION DEADLINE:
PRIOR TO BUILDING PERMIT APPLICATION AND APRIL 1st OF ANY YEAR

PROGRAM REQUIREMENTS:

Projects must meet the provisions of Chapter 3.82 of the Lynnwood Municipal Code (LMC), Lynnwood Ordinance No. 2681 (established pursuant to Chapter 84.14 of the Revised Code of Washington) and the following criteria for special valuation on multi-unit residential property. Proposals shall:

1. Be located within the City Center as designated by the City for the tax exemption, and be in compliance of the design and development standards for the City Center.
2. Not displace any existing residential tenants from the property proposed for development.
3. Be a multiple-unit residential or mixed-use project which provides at least 50 newly constructed units or 20 additional dwelling units added to existing occupied multiple-housing units.
4. Be constructed to standards established for condominium construction or better, shall be constructed of high quality and finish materials appropriate to the City Center design standards, and shall provide for permanent residential occupancy, as defined in LMC 3.82.030(E).
5. Be completed within three years from the date of approval of the application.
6. Be designed to comply with all building codes, zoning and other applicable regulations.
7. Provide all required parking spaces on-site.
8. Be designed to meet the LEED™ Silver Standard as established by the U.S. Green Building Council (USGBC).
9. Not result in the demolition of properties that are listed on the City of Lynnwood Historic Register.
10. Applicant must sign a contract with the city agreeing to conditions of project development.
11. The Assessor may require owners to submit pertinent data regarding the use of classified land.
12. Upon approval of the application, the property owner shall sign a contract with the City agreeing to conditions of project development to be approved by City Council on terms and conditions satisfactory to the City Council. (LMC 1.37 and RCW 36.70B)
REQUIRED APPLICATION ITEMS (CHECKLIST)

Typewritten information must be 10-point font or larger.

☐ 1. Project Information Form (Page 3)
   a. Any additional information needed to clearly describe your proposal, either voluntarily submitted or as required by the Community Development Director

☐ 2. A brief statement setting forth the grounds for qualification for exemption (Page 4)

☐ 3. Verification by oath or affirmation of the information submitted (Page 4).

☐ 4. A complete, notarized Affidavit of Ownership for all property owner(s) of the involved property, with original signatures (Page 6).

☐ 5. A statement of liability from the owner acknowledging the future tax liability when the project ceases to be eligible under Ordinance Nos. 2681 and 2961 (Page 7).

☐ 6. For rehabilitation projects, a complete, notarized Affidavit of Vacancy stating that existing dwelling units have been unoccupied for a period of at least 12 months prior to filing the application. Completed by all property owner(s) of the involved property, with original signatures. (Page 8)

☐ 7. Preliminary Site Plans, Elevations and Floor Plans, drawn to a scale, which show the unit size, unit composition, and the structure(s) in which they are proposed to be located. (Include reductions of over-sized plans and documents to maximum 11x17 inches)

FEES None.
### PROJECT INFORMATION
(Additional information may be attached if necessary, or as required)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant</td>
<td>__________________________</td>
</tr>
<tr>
<td>Date</td>
<td>__________________________</td>
</tr>
<tr>
<td>Address of Applicant</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Phone</td>
<td>(____ )______________________</td>
</tr>
<tr>
<td>Applicant Interest in Property:</td>
<td>[ ] Fee Simple  [ ] Contractor Purchaser  [ ] Other (describe)</td>
</tr>
<tr>
<td>County Assessor’s Parcel Account Number</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Legal Description</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Brief Written Description of the Project</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>New Construction: YES [ ] NO [ ]</td>
<td>Rehabilitation of Existing Units: YES [ ] NO [ ]</td>
</tr>
<tr>
<td>Number of Units: New________ Existing Empty________ Existing Occupied________</td>
<td></td>
</tr>
<tr>
<td>Number of Units for which you are applying for this exemption:</td>
<td>__________________________</td>
</tr>
<tr>
<td>If existing units are vacant:</td>
<td></td>
</tr>
<tr>
<td>Date last occupied: __________</td>
<td></td>
</tr>
<tr>
<td>Affidavit of Vacancy Completed: [ ]</td>
<td></td>
</tr>
<tr>
<td>(For City Use) Building is not in compliance with the City’s Minimum Housing Code:</td>
<td>________________</td>
</tr>
<tr>
<td>Required Preliminary Plans are attached:</td>
<td>Site Plan <strong><strong>Floor Plan</strong></strong> Elevation____</td>
</tr>
<tr>
<td>Describe building use and square feet intended for each use:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Projected Cost of New Construction / Rehabilitation:</td>
<td>$______________________________</td>
</tr>
<tr>
<td>Source of Cost Estimate:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Expected Date to Start Project: _________</td>
<td>Expected Date to Complete Project: ________________</td>
</tr>
</tbody>
</table>
NARRATIVE STATEMENT
Provide a brief statement setting forth the grounds for qualification for tax exemption (Attach additional information if needed):

_____________________________________________________________________________________
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AGREEMENT BETWEEN CITY AND APPLICANT

Upon approval of the application, the applicant and the City enter into an agreement to be approved by City Council under which the applicant has agreed to the implementation of the development on terms and conditions satisfactory to the City Council. (LMC 1.37 and RCW 36.70B)

CONDITIONAL CERTIFICATE

The City may issue a Conditional Certificate of Acceptance of Tax Exemption, based on the information provided by the Applicant. The Conditional Certificate will be effective for not more than three (3) years, but may be extended for an additional 24 months under certain circumstances. The city will issue a Final Certificate of Tax Exemption upon completion of the project, satisfactory fulfillment of all contract terms, a final inspection, and issuance of a Certificate of Occupancy.
AFFIDAVIT OF OWNERSHIP

To Be Completed in the Presence of a Notary Public. All property owners must complete this Statement.

I, _________________________________, being duly sworn, depose and say that I am the owner of record of that certain real property identified as Snohomish County Parcel Number(s) _____________________________.

Signature of Owner: _________________________________ Date: ______________

Please print name: ____________________________________________________________________________

STATE OF ________________ )  I certify that I know or have satisfactory evidence that
COUNTY OF ________________ )  ________________________________________________________________

) ss.  ________________________________________________________________ is the
person who appeared before me, and said person acknowledged
that he signed this instrument and acknowledged it to be his free
and voluntary act for the uses and purposes mentioned in the
instrument.

SUBSCRIBED AND SWORN TO before me this _____ day of
_________________________ 20__.  

NAME (print): __________________________________________________________

NAME (sign): __________________________________________________________

Notary Public in and for the State of __________________________
Commission Expires: ___________________________________________
STATEMENT OF ADDITIONAL TAX, INTEREST, AND PENALTY
DUE UPON CANCELLATION OF THE TAX EXEMPTION

To Be Completed in the Presence of a Notary Public. All property owners must complete this Statement.

If the exemption is canceled for noncompliance or the project ceases to be eligible under Ordinance Nos. 2681 and 2961, pursuant to Chapter 84.14 RCW, an additional tax shall be imposed as follows:

A. The difference between the tax actually paid and the tax which would have been due for the prorated portion of the tax year following cancellation, and for each tax year thereafter, if the improvements had been valued without exemption, (not to exceed three years before the discovery of the noncompliance); plus

B. A penalty of 20 percent of the difference, plus

C. Interest at the statutory rate on (a) ÷ (b) from the date tax could have been paid without penalty if the improvements had been assessed at a value without regard to the exemption.

The additional tax, interest and penalty (a) ÷ (b) ÷ (c) are due within the times provided by RCW 84.40.350-84.40.390, and the total bears interest thereafter at the rate provided for delinquent property taxes.

The additional tax, penalty and interest constitute a lien by the City of Lynnwood upon the land which attaches at the time the property is no longer eligible for exemption, and has priority to and must be fully paid and satisfied before a recognizance, mortgage, judgment, debt, obligation, or responsibility to or with which the land may become charged or liable.

AFFIRMATION

As owner(s) of the land described in the application, I hereby indicate by my signature that I am aware of the additional tax liability to which the property will be subject if the exemption authorized by Chapter 84.14 RCW, 1995 laws of Washington is canceled. I declare under penalty of perjury under the laws of the state of Washington that this application and any accompanying documents have been examined by me and that they are true, correct, and complete to the best of my knowledge.

Signature of Owner: ______________________________ Date: ______________

Please print name: ________________________________________________

STATE OF ________________ )
COUNTY OF ________________ ) ss.

I certify that I know or have satisfactory evidence that ___________________________________________ is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN TO before me this ______ day of _______________________ 20__. 

NAME (print): ___________________________________________

NAME (sign): ___________________________________________

Notary Public in and for the State of _______________________

Commission Expires: ___________________________________
AFFIDAVIT OF VACANCY

To Be Completed in the Presence of a Notary Public. All property owners must complete this Statement.

I, _________________________________, being duly sworn, depose and say that I am the owner of record of that certain real property identified as Snohomish County Parcel Number(s) ____________________________, and that the existing residential units on the property listed in this application have been unoccupied for at least twelve (12) prior to the filing date of this application.

Signature of Owner: _________________________________ Date: ________________

Please print name: _________________________________

STATE OF __________________ )
COUNTY OF __________________ ) ss.

I certify that I know or have satisfactory evidence that ________________________________ is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN TO before me this ______ day of __________________________ 20___.

NAME (print): _________________________________

NAME (sign): _________________________________

Notary Public in and for the State of __________________________

Commission Expires: _________________________________
CONDITIONAL CERTIFICATE OF ACCEPTANCE OF TAX EXEMPTION is hereby:

APPROVED______ DENIED________

If this project has been denied, the following reason(s) are given:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Authorized Signature  __________________________  Title  __________________________  Date  ____________

FINAL CERTIFICATE OF ACCEPTANCE OF TAX EXEMPTION is hereby:

APPROVED______ DENIED________

If this project has been denied, the following reason(s) are given:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Authorized Signature  __________________________  Title  __________________________  Date  ____________