

**COUNTY AUDITOR'S FINDING**

	LAND	BUILDING	TOTAL
Taxable Value in Year of Application _____	\$ _____	\$ _____	\$ _____
Taxable Value in Prior Year _____	\$ _____	\$ _____	\$ _____

This application covers property that is:

- Currently or Previously Exempt     
  New Construction on Previously Exempted Parcel     
  Currently or Previously on CAUV

Auditor's Recommendation:   
 Grant   
 Partial Grant   
 Deny   
 None

COMMENTS:

\_\_\_\_\_ Date

\_\_\_\_\_ County Auditor

Forward two (2) copies of the completed application to the Ohio Department of Taxation, Tax Equalization Division, P.O. Box 530, Columbus, OH 43266-0030.

**TREASURER'S CERTIFICATE**

If the Treasurer's Certificate is not properly filled out and signed, the Tax Commissioner will have no jurisdiction to act on the application, and it will be returned to the Treasurer's Office.

(Notice to Treasurer: The first paragraph of this certificate must ALWAYS be complete).

I hereby certify that ALL TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST levied and assessed against the above described property have been paid in full to and including the full tax year \_\_\_\_\_

I further certify that the only UNPAID TAXES, SPECIAL ASSESSMENTS, PENALTIES AND INTEREST which are a lien and unpaid on this property are as follows:

TAX YEAR	TAXES (Including penalties and interest)	SPECIAL ASSESSMENTS (Including penalties and interest)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

If additional years are unpaid, please list on an attached sheet.

\_\_\_\_\_ Date

\_\_\_\_\_ County Treasurer

**STATE OF OHIO  
APPLICATION FOR REAL PROPERTY  
TAX EXEMPTION AND REMISSION**  
(Ohio Revised Code Sections 5713.08, 5713.081)

OFFICE USE ONLY
County Name _____
County Application Number _____
DTE Application Number _____

**General Instructions**

Submit three (3) copies of this application to the county auditor's office in the county where the property is located. (Make a copy for your own records.) Applications should not be filed until the year following acquisition of the property. In most cases, applications will be denied if filed in the year the property is acquired. The final deadline for filing with the county auditor is December 31 of the year for which exemption is sought. If you need assistance in completing this form, contact your county auditor.

Both the County Auditor's Finding and the Treasurer's Certificate on page 4 of this application must be completed. Ask your county auditor for the procedure to follow to obtain the Treasurer's Certificate.

Answer all parts of all questions on the form. If the answer to a question is "No," fill in the word "NO." If you need more room for any question, use additional sheets of paper to explain details. Please indicate which question each additional sheet is answering.

Obtain a copy of the property record card from the county auditor and enclose it with this application.

\_\_\_\_\_ Date Received by County Auditor

\_\_\_\_\_ Date Received by DTE

**PLEASE TYPE OR PRINT CLEARLY.**

Application is hereby made to have the following described property removed from the tax list and duplicate and placed on the tax exempt list for the current tax year 1999, and to have the taxes and penalties thereon remitted for these preceding tax years: \_\_\_\_\_

Applicant Name	<u>L &amp; L Properties</u>		
Name	_____		
Notices concerning this application should be sent to:	Name (If different than Applicant) _____		
Address	<u>P.O. Box 326</u>		
City	<u>Napoleon</u>	State	<u>Ohio</u>
		Zip	<u>43545</u>
			Phone Number _____

- Parcel Number(s): a) 28-070088-0200  
 (If more than 5, continue on an additional sheet of paper.)  
**All parcels must be in the same School District.** b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_  
 e) \_\_\_\_\_

2. School District where Located: Napoleon

3. Total Size of Parcel(s):   
 Less than One Acre   
 One Acre or More   
 Number of Acres:

4. Street Address or Location of Property 1700 Industrial Drive  
Napoleon, Ohio 43545

5. Title to this property is in the name of: Donald M. Morford
6. If the title holder is different from the applicant please explain: Property is being purchased through land contract. Purchaser is paying real estate taxes.
7. Title holder is (check one):  a nonprofit corporation  an unincorporated association/organization  
 an individual  other \_\_\_\_\_
8. Exact date title was acquired: \_\_\_\_\_ 9. Title was acquired from: Lawrence & Mary Rose Hoeffel  
 Please attach copy of the deed.
10. Does the Applicant have a lease or land contract for this property?  yes  no  
 If yes, please attach a copy.
11. Amount paid by title holder for the property: \$ 3,000.00
12. Exact date the exempt use began: 04/01/92
13. Under what section(s) of the Ohio Revised Code is exemption sought?  
 O.R.C. 3735.61 O.R.C. \_\_\_\_\_ O.R.C. \_\_\_\_\_
14. How is this property now being used? (Do not give conclusions such as charitable purpose, public worship, or public purpose. Be specific about what is being done on the property and who uses it.) If the property is not currently being used, but there is an intent to use it later for an exempt purpose, describe the intended use and the date set for the intended use.

*Tool & die shop operated by Innovative Tool & Die Inc.*

15. During the years in question, was any part of this property (check one):
- a) Leased or rented to anyone else?  yes  no  
 If yes, please attach copy of lease agreement.
- b) Used for the operation of any business?  yes  no
- c) Used for agricultural purposes?  yes  no
- d) Used to produce any income other than donations?  yes  no

**NOTE: If the answer to any part of question 15 is "Yes," enclose all details on a separate sheet of paper. If money is received, submit profit and loss statements, income and expense data, balance sheets, or any other financial statements.**

16. Is anyone living or residing on any part of this property?  yes  no  
 If yes, answer the following:
- a) The person's name and position: \_\_\_\_\_
- b) The resident's duties in connection with this property: \_\_\_\_\_
- c) The rent paid, or other financial arrangements: \_\_\_\_\_
17. Is anyone using this property other than the applicant?  yes  no  
 If yes, please enclose a complete, detailed explanation. - *Applicant is purchasing property from title holder through land contract. Applicant is also owner of Tool & Die shop who is*
18. Does the applicant own property in this county which is already exempt from taxation?  yes  no *using property.*
19. Property used for **Charitable Purposes**.  
 If exemption is claimed for property used exclusively for **charitable purposes**, the applicant must show that it is a charitable institution. If the applicant has not previously received exemption as a charitable institution, it must provide Articles of Incorporation, Constitution or By-Laws, IRS Determination Letter, and any other similar relevant information.
20. Property used for **Senior Citizens' Residences**.  
 If the purpose of the property is to provide a place of residence for **senior citizens**, submit all information required by section 5701.13 of the Ohio Revised Code.

**The Tax Equalization Division may set a hearing on this application. If there is a hearing, the applicant must present a witness who can accurately describe the use of the property in question. At least ten (10) days' notice will be given to the applicant concerning the time and place of any hearing.**

I declare under penalty of perjury that I have examined this application and, to the best of my knowledge and belief, it is true, correct, and complete.

Applicant or Representative

*Loren P. Sonnenberg*  
 signature

LOREN P. SONNENBERG PRESIDENT  
 print name and title

1700 Industrial Drive P.O. Box 326  
 address

Napoleon  
 city

Ohio  
 state

43545  
 zip

(419) 599-0492  
 phone number (include area code)

Date 12-1-99

Year

STATE OF OHIO  
APPLICATION FOR REAL PROPERTY  
TAX EXEMPTION AND REMISSION  
(Ohio Revised Code Sections 5713.08, 5713.081)

OFFICE USE ONLY
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	City	State	Zip
			Phone Number

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O.R.C. 3135.61 12 year Remodeling O.R.C. \_\_\_\_\_ O.R.C. \_\_\_\_\_
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I declare under penalty of perjury that I have examined this application and, to the best of my knowledge and belief, it is true, correct, and complete.

Applicant or Representative Larry D. Huber  
signature

LARRY D. HUBER SEC./TREA.  
print name and title

1700 Industrial Drive P.O. Box 326  
address

Napoleon Ohio 43545  
city state zip

(419) 599-0492  
phone number (include area code)

Date 4-16-99  
Year