ROANOKE

REAL ESTATE VALUATION
Noel C. Taylor Municipal Building
215 Church Avenue, S.W. Room 250
Roanoke, Virginia 24011

PH: 540.853.2771
FAX: 540.853.2796

APPLICATION FOR HOTEL REAL ESTATE TAX ABATEMENT

PLEASE NOTE: YOU HAVE TWO YEARS FROM THE DATE OF THIS APPLICATION TO COMPETE ALL REHABILITATION WORK TO QUALIFY FOR PARTIAL TAX EXEMPTION OR THREE YEARS FROM THE DATE OF THIS APPLICATION TO COMPETE ALL NEW CONSTRUCTION WORK TO QUALIFY. FOR PARTIAL TAX EXEMPTION. AN APPRAISER FROM THIS OFFICE MUST INSPECT YOUR PROPERTY PRIOR TO THE BEGINNING OF ANY REHABILITATION WORK. IN ADDITION, YOU MUST CONTACT THIS OFFICE FOR A FINAL INSPECTION WITHIN 30 DAYS AFTER COMPLETION OF WORK. THIS PROGRAM DOES NOT FREEZE TAXES; HOWEVER, THE EXEMPTION IS SUBTRACTED FROM THE ASSESSMENT BEFORE THE TAXES ARE CALCULATED. THE EXEMPTION FOR A QUALIFYING STRUCTURE COMENCES ON JULY 1 OF THE TAX YEAR FOLLOWING THE COMPLETION DATE.

TO: DIRECTOR OF REAL ESTATE VALUATION:

I hereby request partial exemption from real estate taxes for qualifying property to be substantially rehabilitated as provided by Sections 32-102 to 32-109 of the code of the City of Roanoke.

Further, I certify that the information contained in this application is, to the best of my knowledge, both correct and true. I have reviewed and understand the requirements of this program and the points outlined on the third page of this form.

Date: _____

Printed Name of Owner or Authorized Agent: _____

Signature of Owner or Authorized Agent: _____

Contact Telephone Numbers: _____ Email Address: _____

Owner's Name(s):
Mailing Address:
Phone Number(s) 8am – 5pm: **Other:**
Property Address:
Project Type NEW CONSTRUCTION ◯ CONVERSION FROM NON-HOTEL USE ◯
Building Age (Structure must be 30 years or older as of the Application Date):
Number of Hotel Rooms Upon Completion:
Net Increase of Hotel Rooms:
Estimated Cost of Rehabilitation Work: $
Building Permit Numbers (Please note – when applying for a permit, be sure to mention the Rehab Program):

REQUIRED ATTACHMENTS

- ☐ Proof of property ownership (deed or title)
- ☐ Copy of applicable building permits or application
- ☐ Detailed project scope, timeline, and budget
- ☐ Room count analysis for new construction or conversion
- ☐ Preliminary valuation or market analysis (if available)
- ☐ Income and Expense reports (if available)

NON-REFUNDABLE APPLICATION FEE: $250

Make checks payable to "City of Roanoke, Treasurer" (No cash is accepted)

IF REAL ESTATE TAXES ARE DELINQUENT ON THIS PROPERTY, YOU CAN NOT APPLY FOR THE PROGRAM.

DETAILED DESCRIPTION OF WORK – USE ADDITIONAL SHEETS IF NECESSARY:

SHADED BOXES FOR INTERNAL OFFICE USE ONLY

Application Number and Date	Completion Date	Tax Map Number

ZONING DISTRICT	STANDARD – FIVE YEARS	ENTERPRISE/CONSERVATION/REHAB DISTRICT – 15 YEARS TOTAL

IF DEMOLISHING, IS THIS A HISTORICAL BUILDING? YES= INELLIGIBLE	IF DEMOLISHING, WAS THE STRUCTURE OPERATED AS A HOTEL SINCE JULY 1, 2020? NO=INELLIGIBLE	IS PROPERTY RECEIVING ANY OTHER EXEMPTIONS? YES= INELLIGIBLE	AVERAGE VALUE OF COMPARABLE HOTELS	MINIMUM VALUE OF NEW STRUCTURE (MEDIAN VALUE X 120%)