

LYON COUNTY
AUDITOR/TREASURER

www.co.lyon.mn.us

Office email:
propertytax@co.lyon.mn.us

607 WEST MAIN STREET
MARSHALL, MN 56258

(507) 537-6724 (Main)
(507) 537-6091 (Fax)

Lyon County Tax Abatement
for New Commercial Construction or Remodel

Parcel number: _____ - _____ - _____

Property owner name(s) at time of application: _____

Person(s) applying for abatement: _____

Physical address of the property:

Street Address: _____

City/State/Zip: _____

Construction is for:	New Building	Addition	Remodel
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Attach the following:	Site Plan	Construction Plan	Building Permit Copy
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Resolution from City or Township*

*Must have a tax abatement granted by the applicable city or township

Full Legal Description: _____ Attach legal description to this sheet if it will not fit in the box.

Daytime Phone: _____

Email Address (Optional): _____

If you are not the current owner of the property, the estimated date of property transfer is: _____

I swear or affirm, that the owner/applicant has not or will not receive other local public financial assistance (Tax Increment Financing, Workforce Housing, or Small Cities Development Program). I also understand that the county portion of paid property taxes will be returned via a single payment by December 30 for that calendar year to the taxpayer of record by the following schedule: Year-1 80%; Year -2 60%; Year -3 40%; Year -4 20% . If from the time of application through the abatement period, property taxes are not current or paid on time and in full, the abatement will be canceled. The abatement period will begin with taxes payable for the assessment year after construction is completed and shall continue for four (4) years.

Applicant Signature: _____ Date: _____

Office Use Only:

Commercial or Industrial building

Property is located within Lyon County and zoned and permitted properly for the proposed development project

Not part of a TIF district, Workforce Housing, or Small Cities Development Program

Property taxes paid in full

Property taxes are not delinquent

Assessed as of January 2, 2019

Qualifying Remodel

-Preliminary Inspection Date: _____

-Post Inspection Date: _____

Received By: _____ Date: _____ Processed By: _____ Date: _____