



**APPLICATION FOR TAX EXEMPTION FOR  
RECONSTRUCTED OR REHABILITATED HISTORIC BARN**

Read information and instructions on form RP-483-b-Ins

A separate application must be filed for each historic barn for which exemption is sought.

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

\_\_\_\_\_

\_\_\_\_\_

Day No. ( ) \_\_\_\_\_

Evening No. ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Location of historic barn:

\_\_\_\_\_

Street address

\_\_\_\_\_

City/Town

\_\_\_\_\_

Village (if any)

\_\_\_\_\_

School district

4. Parcel identification (see tax bill or assessment roll):

Tax map number or section/block/lot \_\_\_\_\_

Parcel on which historic barn is located

5. Description of historic barn (if necessary attach plans or specifications): \_\_\_\_\_

\_\_\_\_\_

6. Current use of historic barn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Date reconstruction or rehabilitation was started: \_\_\_\_\_

Date reconstruction or rehabilitation was completed: \_\_\_\_\_

8. Cost of reconstruction or rehabilitation: \_\_\_\_\_

9. (a) Was original construction of historic barn wholly or partially completed before January 1, 1936?  
\_\_\_ Yes \_\_\_ No

(b) Was barn originally designed and used for storing farm equipment or agricultural products, or for housing livestock? \_\_\_ Yes \_\_\_ No

(c) Is any portion of the historic barn used for residential purposes? \_\_\_ Yes \_\_\_ No

(d) Has reconstruction or rehabilitation materially altered the historic appearance of the barn?  
\_\_\_ Yes \_\_\_ No

(e) Has the barn received an agricultural building exemption (pursuant to section 483 of the Real Property Tax Law) within 10 years of the date of this application? \_\_\_ Yes \_\_\_ No

**If answer to Question 9 (a) or (b) is no or answer to Question 9 (c), (d) or (e) is yes, the barn does not qualify for exemption pursuant to section 483-b of the Real Property Tax Law.**

(over)

**Certification**

I, \_\_\_\_\_ hereby certify that the information on this application and any accompanying pages constitutes a true statement of facts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR ASSESSOR'S USE**

- 1. Date application filed: \_\_\_\_\_ 2. Applicable taxable status date: \_\_\_\_\_
- 3. Action on application: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved
- 4. Assessed valuation of parcel in first year of exemption: \$ \_\_\_\_\_
- 5. Increase in total assessed valuation in first year of exemption: \$ \_\_\_\_\_
- 6. Amount of exemption in first year:

	Percent	Amount
County	_____	\$ _____
City/ Town	_____	\$ _____
Village	_____	\$ _____
School district	_____	\$ _____

\_\_\_\_\_  
Assessor's signature

\_\_\_\_\_  
Date