



**NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES**

**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)

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

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

2. Mailing address of owner(s)

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E-mail (optional) \_\_\_\_\_

3. Location of historic barn:

Street address \_\_\_\_\_

Village (if any) \_\_\_\_\_

City/Town \_\_\_\_\_

School District \_\_\_\_\_

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

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

Parcel identification number \_\_\_\_\_

5. Description of historic barn : \_\_\_\_\_

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

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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.**

**CERTIFICATION**

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

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Signature

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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:

	<u>Percent</u>	<u>Amount</u>
County	_____	\$ _____
City/Town	_____	\$ _____
Village	_____	\$ _____
School District	_____	\$ _____

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Assessor's Signature

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Date