



**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) \_\_\_\_\_  
\_\_\_\_\_  
Day No. (    ) \_\_\_\_\_  
Evening No. (    ) \_\_\_\_\_
2. Mailing address of owner(s) \_\_\_\_\_  
\_\_\_\_\_  
E-mail (optional) \_\_\_\_\_
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 identification number \_\_\_\_\_
5. Description of historic barn : \_\_\_\_\_  
\_\_\_\_\_
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.**

**CERTIFICATION**

I, \_\_\_\_\_ thereby 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:

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

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Date