



**Montgomery County  
Department of Permitting Services**



255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240)777-0311  
<http://www.montgomerycountymd.gov/permittingservices>

**Design for Life - Application for Tax Credit**

**A. Property Owner**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**B. Property Location**

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Building Permit # \_\_\_\_\_ Date Final Inspection Approved \_\_\_\_\_

**C. Property Tax - Request for Credit for Accessibility Features (attach contracts, receipts, or invoices which demonstrate the cost or amount of money spent dated one year prior to the date of this application; also attach complete list of features and costs for each feature.)**

**FEATURE(S)**

**COST**

Have you received any subsidy from a governmental, quasi-governmental, or non-profit entity for the feature?  YES  NO  
If you answered YES to the above question attach documentation from the organization granting the subsidy and the amount of the subsidy.

**D. Development Impact Tax For Public School Improvements – Request for Credit for Level I or Level II Accessibility Standards (attach approved Impact Tax Credit Certification Agreement)**

I am applying for credits for  Level 1 Accessibility Standards  Level II Accessibility Standards  
Impact Tax Credit Certification Agreement # \_\_\_\_\_

Have you received any funds or assistance for the above accessibility standard?  YES  NO  
If you answered YES to the above question attach documentation from the organization granting the funds and assistance and the amount of the fund and assistance.

**E. Property Owner Signature**

I hereby certify that the statements made in this application are true and correct to the best of my knowledge, information and belief and that eligible costs were paid by the owner and not , or will not be, reimbursed by any entity.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

**Montgomery County, MD Department of Permitting Services Affidavit**

The Department of Permitting Services certifies that \_\_\_\_\_ at

Property Owner's Name

\_\_\_\_\_ is eligible for Design for Life property tax credits

Property Owner's Address

and/or Development Tax for Public School Improvement credits as represented on this application, that all necessary inspections have been completed and that the accessibility features have been installed in accordance with Building Permit Number \_\_\_\_\_. I affirm under the penalties of perjury that the contents of this Affidavit are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**City of Gaithersburg, MD Affidavit**

The City of Gaithersburg, MD certifies that \_\_\_\_\_ at

Property Owner's Name

\_\_\_\_\_ is eligible for Design for Life property tax credits

Property Owner's Address

and/or Development Tax for Public School Improvement credits as represented on this application, that all necessary inspections have been completed and that the accessibility features have been installed in accordance with Building Permit Number \_\_\_\_\_. I affirm under the penalties of perjury that the contents of this Affidavit are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

.....  
**City of Rockville, MD Affidavit**

The City of Rockville, MD certifies that \_\_\_\_\_ at

Property Owner's Name

\_\_\_\_\_ is eligible for Design for Life property tax credits

Property Owner's Address

and/or Development Tax for Public School Improvement credits as represented on this application, that all necessary inspections have been completed and that the accessibility features have been installed in accordance with Building Permit Number \_\_\_\_\_. I affirm under the penalties of perjury that the contents of this Affidavit are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title