

APPLICATION for TAX YEAR 2016

Property Tax Exemption or Exclusion

COUNTY: Ashe

MUNICIPALITY: _____

Full Name of Owner(s): Mt Olive Baptist Church of Ashe County, INC

Trade Name of Business: _____

Mailing Address of Owner: PO Box 810 West Jefferson NC 28654

Phone Numbers: Home: 336 877-4659 Work: _____ Cell: 336 620 2862

List the Property Identification Numbers and addresses/locations for the properties included in this application (attach list if needed):

Property ID #: 15231261 Address/Location: 1710 Watertank Rd Fleetwood NC 28626

Property ID #: _____ Address/Location: _____

Property ID #: _____ Address/Location: _____

Non-Deferment Exemptions and Exclusions—Check or write in the exemption or exclusion for which this application is made.

These exemptions or exclusions do not result in the creation of deferred taxes. However, taxes for prior years of exemption or exclusion may be recoverable if it is later determined that the property did not actually qualify for exemption or exclusion for those prior years.

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| ☐ G.S. 105-275(8) Pollution abatement/recycling | ☐ G.S. 105-278.5 Religious educational assemblies |
| ☐ G.S. 105-275(17) Veterans organizations | ☐ G.S. 105-278.6 Home for the aged, sick, or infirm |
| ☐ G.S. 105-275(18),(19) Lodges, fraternal & civic purposes | ☐ G.S. 105-278.6 Low- or moderate-income housing |
| ☐ G.S. 105-275(20) Goodwill Industries | ☐ G.S. 105-278.6 YMCA, SPCA, VFD, orphanage |
| ☐ G.S. 105-275(45) Solar energy electric system | ☐ G.S. 105-278.6A CCRC-Attach Form AV-11 |
| ☐ G.S. 105-275(46) Charter school property | ☐ G.S. 105-278.7 Other charitable, educational, etc. |
| ☐ G.S. 105-277.13 Brownfields-Attach brownfields agreement | ☐ G.S. 105-278.8 Charitable hospital purposes |
| ☒ G.S. 105-278.3 Religious purposes | ☐ G.S. 131A-21 Medical Care Commission bonds |
| ☐ G.S. 105-278.4 Educational purposes (institutional) | ☐ Other: _____ |

Tax Deferment Programs—Check the tax deferment program for which this application is made. ***These programs will result in the creation of deferred taxes that will become immediately due and payable with interest when the property loses eligibility. The number of years for which deferred taxes will become due and payable varies by program. Read the applicable statute carefully.***

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| ☐ G.S. 105-275(12) Nonprofit corporation or association organized to receive and administer lands for conservation purposes |
| ☐ G.S. 105-275(29a) Historic district property held as a future site of a historic structure |
| ☐ G.S. 105-277.14 Working waterfront property |
| ☐ G.S. 105-277.15A Site infrastructure land |
| ☐ G.S. 105-278 Historic property-Attach copy of the local ordinance designating property as historic property or landmark. |
| ☐ G.S. 105-278.6(e) Nonprofit property held as a future site of low- or moderate-income housing |

Describe the property: 2.862 Acres

Describe how you are using the property. If another organization is using the property, give their name, how they are using the property, and any income you receive from their use: We brought this land for future place to put field lines. The only place we can go when ours goite working.

AFFIRMATION: I, the undersigned, declare under penalties of law that this application and any attachments are true and correct to the best of my knowledge and belief. I have read the applicable exemption or exclusion statute. I fully understand that an ineligible transfer of the property or failure to meet the qualifications will result in the loss of eligibility. If applying for a tax deferment program, I fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.

Signature(s) of Owner(s): Harold L Miller Title: Deacon Date: 8-16-2016

(All tenants of a tenancy Title: _____ Date: _____

in common must sign.) Title: _____ Date: _____

The Tax Assessor may contact you for additional information after reviewing this application.

OFFICE USE ONLY ☐ APPROVED ☐ DENIED BY: _____ REASON FOR DENIAL: _____

APPLICATION for TAX YEAR 2016

Property Tax Exemption or Exclusion

COUNTY: Ashe

MUNICIPALITY: _____

Full Name of Owner(s): Mt Olive Baptist Church of Ashe County, INC

Trade Name of Business: _____

Mailing Address of Owner: PO Box 810 West Jefferson NC 28694

Phone Numbers: Home: 336-877-4659 Work: _____ Cell: 336-620-2862

List the Property Identification Numbers and addresses/locations for the properties included in this application (attach list if needed):

Property ID #: 15231 262 Address/Location: 1710 Watertank Rd Fleetwood NC 28626

Property ID #: _____ Address/Location: _____

Property ID #: _____ Address/Location: _____

Non-Deferment Exemptions and Exclusions—Check or write in the exemption or exclusion for which this application is made. These exemptions or exclusions do not result in the creation of deferred taxes. However, taxes for prior years of exemption or exclusion may be recoverable if it is later determined that the property did not actually qualify for exemption or exclusion for those prior years.

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| ☐ G.S. 105-275(17) | Veterans organizations | ☐ G.S. 105-278.6 | Home for the aged, sick, or infirm |
| ☐ G.S. 105-275(18),(19) | Lodges, fraternal & civic purposes | ☐ G.S. 105-278.6 | Low- or moderate-income housing |
| ☐ G.S. 105-275(20) | Goodwill Industries | ☐ G.S. 105-278.6 | YMCA, SPCA, VFD, orphanage |
| ☐ G.S. 105-275(45) | Solar energy electric system | ☐ G.S. 105-278.6A | CCRC-Attach Form AV-11 |
| ☐ G.S. 105-275(46) | Charter school property | ☐ G.S. 105-278.7 | Other charitable, educational, etc. |
| ☐ G.S. 105-277.13 | Brownfields-Attach brownfields agreement | ☐ G.S. 105-278.8 | Charitable hospital purposes |
| ☒ G.S. 105-278.3 | Religious purposes | ☐ G.S. 131A-21 | Medical Care Commission bonds |
| ☐ G.S. 105-278.4 | Educational purposes (institutional) | ☐ Other: | _____ |

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| ☐ G.S. 105-278 | Historic property-Attach copy of the local ordinance designating property as historic property or landmark. |
| ☐ G.S. 105-278.6(e) | Nonprofit property held as a future site of low- or moderate-income housing |

Describe the property: 719 Acre

Describe how you are using the property. If another organization is using the property, give their name, how they are using the property, and any income you receive from their use: The property was give to us for more cemetery room in the future.

AFFIRMATION: I, the undersigned, declare under penalties of law that this application and any attachments are true and correct to the best of my knowledge and belief. I have read the applicable exemption or exclusion statute. I fully understand that an ineligible transfer of the property or failure to meet the qualifications will result in the loss of eligibility. If applying for a tax deferment program, I fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.

Signature(s) of Owner(s): Harold L Miller Title: Deacon Date: 8-16-2016

(All tenants of a tenancy

Title: _____

Date: _____

in common must sign.)

Title: _____

Date: _____

The Tax Assessor may contact you for additional information after reviewing this application.

OFFICE USE ONLY: [APPROVED] [] [DENIED] BY: _____

REASON FOR DENIAL: _____