



**MARSHFIELD RESIDENTIAL INCENTIVE (MRI)
PROGRAM APPLICATION**
CITY OF MARSHFIELD, WISCONSIN

Permit Holder Name: _____

Phone: _____ Email: _____

Site Address: _____

Site Owner: _____

Home Type: Single Family Two Family

Construction Purpose: Spec Home Rental Unit Private Party

Estimated Completion Date: _____

Person Entitled to Incentive: Land Owner Builder Purchaser Other

Entitlement Name: _____

Phone: _____ Email: _____

Bank/Lender: _____

Bank/Lender Address: _____

Checks Payable to: _____

I hereby apply for the Marshfield Residential Incentive (MRI) Program and I acknowledge that the information above is complete and accurate; I understand that an incentive shall not be granted until a clean certificate of occupancy is granted and an assessed value has been calculated (excluding land value); I understand that failure to comply with all required inspections or failure to comply with all ordinance and code requirements may void an incentive; I understand that funds are based on availability; I understand that an award shall not be granted if there are any outstanding charges or violations against the property; and I shall not hold the City liable.

Owner Signature: _____ Date: _____

***** Office Use Only*****

Permit #: _____ Date Issued: _____ Parcel #: _____

Certificate of Occupancy (CO) #: _____ CO Issued Date: _____

Final Assessed Value: _____ Date of Assessment: _____

Eligible Incentive %: _____ Incentive Award: \$ _____