



**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: \_\_\_\_\_

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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: \_\_\_\_\_

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

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Certificate of Occupancy (CO) #: \_\_\_\_\_ CO Issued Date: \_\_\_\_\_

Final Assessed Value: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Eligible Incentive %: \_\_\_\_\_ Incentive Award: \$ \_\_\_\_\_