



## CHECK LIST FOR NEW TAX ABATEMENTS

This package includes the following for first time filings:

- ✓ Residential Tax Abatement Application – New Construction  
or Rehabilitation of Existing Structure(s)
- ? FORM SB-1
- ✓ FORM 322
- ✓ FORM 11 - *obtained from County Assessor's office*
- ✓ FORM CF-1 - *this form is held & filed the next 4 years -  
1- submitted each year*

What you need to do:

Fill out the Form SB-1 (Section 1,2,4 and 6) and return it to City Hall to be given to the Mayor's assistant with the following forms filled out and information provided:

Form 322 – Fill out

Form 11

Blueprints of your home

*\* for tax abatement review committee*

FORM CF-1 Save this and fill it out section 1,2, 4 and 6 next year for your continued Tax Abatement. This will need to be turned in to the Mayor's assistant the next year for approval by the City Council. Again, you will need to appear before the Council.

### **What happens next?**

The Tax Abatement review committee will hold a meeting to review your Tax Abatement request. Upon approval, the Mayor's assistant will have a resolution drawn up. When everything is in order, you will be contacted by the Mayor's Assistant and be requested to appear at the next scheduled City Council meeting, which are held the second and fourth Monday of the month at 6:00 p.m. in the Council Chamber at City Hall.

During the meeting the Council will approve or deny your abatement request. If approved, the Council will sign it, the Mayor's Assistant will make a copy for you, which will include the new resolution.

When file your Tax Abatement at the Auditor's Office at the Court House.

Make sure you take the following:

- ☐ FORM SB-1 – Filled out and signed
- ☐ FORM 322 – Filled out
- ☐ FORM 11 – Filled out if available – if not, take anyway
- ☐ Resolution – signed by Mayor, Council President and Clerk Treasurer

Follow instructions on the attached pages. If you have questions, call Bev Vanderpool, Mayor's assistant, at 260-274-1486.

## **RESIDENTIAL TAX ABATEMENT**

### **INSTRUCTIONS TO COMPLETE ALL REQUIRED FORMS:**

Below are detailed instructions to complete each required form for the Residential Tax Abatement Application Process. **Please read carefully!**

#### **Step 1. Obtain Form 11 R/A**

- This form is mailed by the Wabash County Assessor to the property owner to identify the real estate, parcel number, previous year assessment and new assessment as of March 1 of that year. The following year taxes will be based on that value. The New Assessed Value will be the current assessed value to be used on the remaining forms. If you do not have your most recent Form 11 R/A, you can obtain a copy from the Wabash County Auditor.

#### **Step 2. Complete the appropriate application: 1. Residential Tax Abatement Application for New Construction or 2. Rehabilitation of Existing Structure(s)**

#### **Step 3. Complete Form 322 / RE**

- **The Taxpayer will complete the following items ONLY:**

##### **Section 1:**

- a) Key number – Parcel or ID Number from Form 11 R/A
- b) Name of Owner
- c) Property Address
- d) Legal Description – from Form 11 R/A – copy this IDENTICALLY
- e) Date – from Form 11 R/A – copy this IDENTICALLY

##### **Section 2:**

- a) Signature of Owner(s)
- b) Date form is signed by Owner(s)
- c) Address – use current mailing address of Taxpayer

#### **Step 4. Complete Form SB-1 / Real Property**

- **The Taxpayer will complete the following items ONLY:**

##### **Section 1:**

- a) Name of Taxpayer
- b) Address of Taxpayer – use current mailing address
- c) Name of Contact Person – if different than Taxpayer
- d) Telephone Number – of Contact Person
- e) Email address – if applicable

##### **Section 2:**

- a) Resolution Number – from top of Resolution granted by City Council – need Resolution number and year of Resolution (**ex. 3 – 2015**)

- b) Location of Property – address
- c) Description of Real Property Improvements – Describe, in detail, the improvements to be made to the property
- d) Estimated Start Date – when Taxpayer expects the work to begin
- e) Estimated Completion Date – when Taxpayer expects the work to be completed

**Section 4: USE THE SAME FIGURES FOR COST AND ASSESSED VALUES**

- a) Current Values – This amount should be the New Assessment figure on the most recent Form 11 provided by the Auditor's Office.
- b) 11 R/A value. You can obtain this figure from the Assessor's Office if you do not have your most recent Form 11 R/A.
- b) Plus Estimated Values of Proposed Project – This amount should be the estimated total cost of the improvements to be made.
- c) Less Values of any Property Being Replaced – This amount will be zero unless a structure is being demolished. If a structure is being demolished, the Taxpayer should request the value from the Wabash County Assessor's Office.
- d) Net Estimated Values upon Completion of Project – Calculated as follows:

Current Values + Estimated Values of Proposed Project – Values of any Property Being Replaced

NOTE: This value should be the same amount as listed on Form 322 / RE, Section 3, item 4 Assessed Valuation AFTER Rehabilitation.

**- Section 6:**

- a) Signature of authorized representative – signature of Property Owner or other authorized representative (attorney, etc.)
- b) Title – Property Owner, Attorney, etc.
- c) Date signed – date form is signed by authorized representative

**Step 5. Return Forms 322 / RE and SB-1 to The Mayor's office to go before the Residential Tax Abatement Review Authority, then the Wabash City Council**

**Step 6. Receive the Resolution granted by the Wabash City Council after Council approval**

- The Property Owner will receive this after the meeting once it is approved
- The Property Owner should then obtain a Residential Tax Abatement Submission Packet from the Mayor's office. This packet will include the City Council Approval Ordinance, Form 322 / RE, and Form SB-1
- **NO additional information needs to be added by the Property Owner**



## RESIDENTIAL TAX ABATEMENT APPLICATION

New Construction

Date of Application: 7/27/25

Petitioner(s): Phillip & Kimberly Scott

Address of Real Estate: 151 W. Harrison Ave.

Spec. House: ☒ Condo: ☐ # of Units:

### AMOUNT OF ABATEMENT REQUESTED:

Has Building Permit been applied for: YES ☐ NO ☐

Estimated Materials Cost\*: \$ 186,114

Estimated Labor Cost\*: \$ 90

Total Estimated Cost: \$ 276,114

Current Assessed Value (CAV): \$ 22,900

Estimated New Assessed Value (CAV+Estimated Cost) \$ 299,014

Estimated Increased Assessment (Total to be Abated) \$                     

Phillip A Scott  
Petitioner

Kimberly D. Scott  
Petitioner

**NOTICE: THIS APPLICATION MUST BE FILED WITH THE  
BUILDING COMMISSIONER BEFORE CONSTRUCTION AND NO  
LATER THAN THIRTY (30) DAYS AFTER ISSUANCE OF A  
BUILDING PERMIT**

\* Attach plans and specs for each building and copies of estimates for material and labor



**RESIDENTIAL TAX ABATEMENT APPLICATION**  
Rehabilitation of Existing Structure(s)

Date of Application: \_\_\_\_\_

Petitioner(s): \_\_\_\_\_

Address of Real Estate: \_\_\_\_\_

1-4 Family Dwelling: \_\_\_\_\_ Condo: \_\_\_\_\_ # of Units: \_\_\_\_\_

Contractor (if applicable): \_\_\_\_\_

\*Work to be performed (itemize) or attach a copy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT OF ABATEMENT REQUESTED:**

Has Building Permit been applied for: YES \_\_\_\_\_ NO \_\_\_\_\_

Estimated Materials Cost\*: \$ \_\_\_\_\_

Estimated Labor Cost\*: \$ \_\_\_\_\_

Total Estimated Cost: \$ \_\_\_\_\_

Current Assessed Value (CAV): \$ \_\_\_\_\_

Estimated New Assessed Value (CAV+Estimated Cost) \$ \_\_\_\_\_

Estimated Increased Assessment (Total to be Abated) \$ \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

**NOTICE: THIS APPLICATION MUST BE FILED WITH THE BUILDING  
COMMISSIONER BEFORE CONSTRUCTION AND NO LATER THAN  
THIRTY (30) DAYS AFTER ISSUANCE OF A BUILDING PERMIT**

\* Attach plans and specs for each building and copies of estimates for material and labor



# STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51787 (R8 / 10-14)

Prescribed by the Department of Local Government Finance

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- ☐ Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)  
☐ Residentially distressed area (IC 6-1.1-12.1-4.1)

20\_\_ PAY 20\_\_

FORM SB-1 / Real Property

## PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

### INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise, this statement must be submitted to the designating body BEFORE the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
- To obtain a deduction, a Form 322/RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between March 1 and May 10 of a subsequent year.
- A property owner who files for the deduction must provide the County Auditor and designating body with a Form CF-1/Real Property. The Form CF-1/Real Property should be attached to the Form 322/RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
- For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/Real Property that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. IC 6-1.1-12.1-17

### SECTION 1

#### TAXPAYER INFORMATION

Name of taxpayer Phillip + Kimberly Scott		
Address of taxpayer (number and street, city, state, and ZIP code) 151 W. Harrison Ave. WABASH, IN 46992		
Name of contact person Phil Scott	Telephone number (574) 936-4658	E-mail address pafid151@gmail.com

### SECTION 2

#### LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body	Resolution number
Location of property 151 W. Harrison Ave, Wabash	County Wabash
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary) Build an approx. 1700 sq. ft. home on basement for use as primary residence	Estimated start date (month, day, year) 9-1-25 Estimated completion date (month, day, year) 7-1-26

### SECTION 3

#### ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
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### SECTION 4

#### ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

	REAL ESTATE IMPROVEMENTS	
	COST	ASSESSED VALUE
Current values	24,000	22,900
Plus estimated values of proposed project	276,114	
Less values of any property being replaced	0	
Net estimated values upon completion of project	299,014	

### SECTION 5

#### WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds)	Estimated hazardous waste converted (pounds)
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Other benefits

### SECTION 6

#### TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.	
Signature of authorized representative Phillip A. Scott	Date signed (month, day, year) 7-27-25
Printed name of authorized representative Phillip A. Scott	Title Owner

**Step 7. Deliver the City Council Approval Ordinance, Form 322 RE, and Form SB-1 to the Wabash County Auditor to have the abatement placed on your property. FAILURE TO COMPLETE THIS STEP WILL RESULT IN FORFEITURE OF THE ABATEMENT.**

**THIS COMPLETES THE STEPS REQUIRED TO OBTAIN THE TAX ABATEMENT. THE FOLLOWING STEPS ARE ONLY FOR THE ANNUAL RENEWAL OF THE ABATEMENT.**

**Step 8. Annually, you must complete Form CF-1 / Real Property**

**- The Taxpayer will complete the following items ONLY:**

**Section 1:**

- a) Name of Taxpayer
- b) Address of Taxpayer – use current mailing address
- c) Name of Contact Person – if different than Taxpayer
- d) Telephone Number – of Contact Person

**Section 2:**

- a) Resolution Number – from top of Resolution granted by City Council – need Resolution number and year of Resolution (ex. 3 – 2008)
- b) Location of Property – address
- c) Description of Real Property Improvements – Describe in detail the improvements that were made to the property
- d) Estimated Start Date – when Taxpayer expects the work to begin
- e) Estimated Completion Date – when Taxpayer expects the work to be completed

**Section 4: AS ESTIMATED ON SB-1 – USE THE SAME FIGURES FOR COST AND ASSESSED VALUES**

- a) Values Before Project – Same as SB-1, Section 4, Current Values
- b) Plus: Values of Proposed Project – Same as SB-1, Section 4, Plus Estimated Values of Proposed Project
- c) Less: Values of an Property Being Replaced – Same as SB-1, Section 4, Less Values of any Property Being Replaced
- d) Net Values upon Completion of Project – Same as SB-1, Section 4, Net Estimated Values upon Completion of Project

**ACTUAL – USE THE SAME FIGURES FOR COST AND ASSESSED VALUES**

- e) Values Before Project – Same as item a) above
- f) Plus: Values of Proposed Project – Actual cost incurred by Taxpayer
- g) Less: Values of any Property Being Replaced – Same as item c) above
- h) Net Values upon Completion of Project – This is the estimated total value once all improvements have been completed





# APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF STRUCTURES IN ECONOMIC REVITALIZATION AREAS (ERA)

State Form 18379 (R12 / 1-14)

Prescribed by the Department of Local Government Finance

20 \_\_\_\_ PAY 20 \_\_\_\_

FORM 322 / RE

## INSTRUCTIONS:

1. This form is to be filed in person or by mail with the County Auditor of the county in which the property is located.
2. To obtain this deduction, a Form 322 / RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation (or new assessment) is made, or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. If the property owner misses the May 10 deadline in the initial year of assessment, he can apply between March 1 and May 10 of a subsequent year for the remainder of the abatement term. (See also IC 6-1.1-12.1-11.3 concerning the failure to file a timely application.)
3. A copy of the Form 11, the approved Form SB-1 / Real Property, the resolution adopted by the designating body, and the Form CF-1 / Real Property must be attached to this application.
4. The Form CF-1 / Real Property must be updated annually and provided to the County Auditor and the designating body for each assessment year in which the deduction is applicable.
5. Please see IC 6-1.1-12.1 for further instructions.
6. Taxpayer completes Sections I, II and III below.
7. If property located in an economic revitalization area is also located in an allocation area as defined in IC 36-7-14-39 or IC 36-7-15.1-26, an application for the property tax deduction may not be approved unless the Commission that designated the allocation area adopts a resolution approving the application (IC 6-1.1-12.1-2(k)).
8. Except for deductions related to redevelopment or rehabilitation of real property in a county containing a consolidated city, a deduction for the redevelopment or rehabilitation of real property may not be approved for the following facilities (IC 6-1.1-12.1-3):
  - a. Private or commercial golf course
  - b. Country club
  - c. Massage parlor
  - d. Tennis club
  - e. Skating facility, including roller skating, skateboarding or ice skating
  - f. Racquet sport facility (including handball or racquet ball court)
  - g. Hot tub facility
  - h. Suntan facility
  - i. Racetrack
  - j. Any facility, the primary purpose of which is (a) Retail food and beverage service; (b) Automobile sales or service; or (c) other retail; (unless the facility is located in an economic development-target area established under IC 6-1.1-12.1-7).
  - k. Residential, unless the facility is a multi-family facility that contains at least 20% of the units available for use by low and moderate income individuals or unless the facility is located in an economic development target area established under IC 6-1.1-12.1-7, or the area is designated as a residentially distressed area which is required to meet conditions as cited in IC 6-1.1-12.1-2 (c) (1 & 2).
  - l. Package liquor store [see IC 6-1.1-12.1 - 3(e)(12)]

## SECTION I - DESCRIPTION OF PROPERTY

The owner hereby applies to the County Auditor for a deduction pursuant to IC 6-1.1-12.1-5 beginning with the assessment date March 1, 20 \_\_\_\_.

County <b>Wabash</b>	Township <b>Noble</b>	DLGF taxing district number <b>85-14.11.102.035.000.009</b>	Key number
Name of owner <b>Phillip + Kimberly Scott</b>		Legal description from Form 11 <b>Bonds Sub PT Lots 6 .66AC</b>	
Property address (number and street, city, state, and ZIP code) <b>151 W. Harrison Ave Wabash, IN 46992</b>			Date of Form 11 (month, day, year) <b>04 29 2025</b>
Type of structure <b>Stick built single family home</b>			Use of structure <b>Residence</b>
Governing body that approved ERA designation			Date ERA designation approved (month, day, year) Resolution number

## SECTION II - VERIFICATION OF OWNER OR REPRESENTATIVE

Signature of owner or representative (I hereby certify that the representations on this application are true.) <b>Phillip A. Scott</b>		Date signed (month, day, year) <b>07 27 2025</b>
Printed name of owner or representative <b>Phillip A. Scott</b>	Address (number and street, city, state, and ZIP code) <b>151 W. Harrison, Ave WABASH, IN 46992</b>	

## SECTION III - STRUCTURES

## AUDITOR'S USE

A. Rehabilitation structure	1. Assessed valuation AFTER rehabilitation	\$	
	2. Assessed valuation BEFORE rehabilitation	\$	
	3. Difference in assessed valuation (Line 1 minus Line 2)	\$	
	4. Assessed valuation eligible for deduction (for the increase in A/V from the rehabilitation, not including the increase in A/V from the reassessment of the entire structure)	\$	
B. New structure	1. Assessed valuation	\$	
	2. Assessed valuation eligible for deduction	\$	

## SECTION IV - VERIFICATION OF ASSESSING OFFICIAL

I verify that the above described structure was assessed and the owner was notified on _____ with the effective date of the assessment being March 1, 20 ____ and that the assessed valuations in Section III are correct.		
Signature of Assessing Official	Printed name of assessing official	Date (month, day, year)

CONTINUED ON THE REVERSE SIDE

**FOR USE OF THE DESIGNATING BODY**

We find that the applicant meets the general standards in the resolution adopted or to be adopted by this body. Said resolution, passed or to be passed under IC 6-1.1-12.1, provides for the following limitations:

A. The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years\* (see below). The date this designation expires is \_\_\_\_\_.

B. The type of deduction that is allowed in the designated area is limited to:

1. Redevelopment or rehabilitation of real estate improvements ☐ Yes ☐ No
2. Residentially distressed areas ☐ Yes ☐ No

C. The amount of the deduction applicable is limited to \$ \_\_\_\_\_.

D. Other limitations or conditions (specify) \_\_\_\_\_

E. Number of years allowed: ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 (\* see below)  
☐ Year 6 ☐ Year 7 ☐ Year 8 ☐ Year 9 ☐ Year 10

F. For a statement of benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?

☐ Yes ☐ No

If yes, attach a copy of the abatement schedule to this form.

If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved (signature and title of authorized member of designating body)	Telephone number ( )	Date signed (month, day, year)
Printed name of authorized member of designating body	Name of designating body	
Attested by (signature and title of attester)	Printed name of attester	

\* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

A. For residentially distressed areas where the Form SB-1/Real Property was approved prior to July 1, 2013, the deductions established in IC 6-1.1-12.1-4.1 remain in effect. The deduction period may not exceed five (5) years. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. The deduction period may not exceed ten (10) years. (See IC 6-1.1-12.1-17 below.)

B. For the redevelopment or rehabilitation of real property where the Form SB-1/Real Property was approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. For a Form SB-1/Real Property that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. (See IC 6-1.1-12.1-17 below.)

**IC 6-1.1-12.1-17**

**Abatement schedules**

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.



# City of Wabash

CITY HALL  
202 S. Wabash Street  
Wabash, IN 46992  
(260) 563-4171  
Fax: (260) 563-0876  
cityofwabash@cityofwabash.com

## RESIDENTIAL TAX ABATEMENT SUBMISSION PACKET / RECEIPT

Contains:

- Residential Tax Abatement Filing Instructions
- Application for New Construction / Application for Rehabilitation of Existing Structure(s)
- Form 322 / RE Application for Deduction
  - Form SB-1 / Real Property
  - Form CF-1/ Real Property

I hereby attest that I have read and understand the instructions as outlined in the Residential Tax Abatement Filing Procedure provided to me by the City of Wabash. I further acknowledge that I have received a copy of these instructions for my records. I understand that failure to follow these instructions and file the appropriate documents at their required deadlines is not the fault of the City of Wabash and may disqualify me from receiving tax abatement.

Date Received \_\_\_\_\_

### PROPERTY OWNER(S)

Phillip A. Scott

Print Property Owner 1 Name

*Phillip A. Scott*

Property Owner 1 Signature

Kimberly D. Scott

Print Property Owner 2 Name

*Kimberly D. Scott*

Property Owner 2 Signature

### CITY EMPLOYEE

Print City Employee Name

City Employee Signature

Dated:

## **RESIDENTIAL TAX ABATEMENT FILING PROCEDURE:**

**\*Applications to be obtained from the City of Wabash Building Commissioner's Office\***  
**PLEASE READ CAREFULLY AND FOLLOW ALL INSTRUCTIONS**

1. Property Owner(s) fill out Application (either for New Construction or Rehabilitation of Existing Structure(s)) and Form SB-1/Real Property, and **return completed forms** to the Building Commissioner **BEFORE** construction/remodeling begins (no exceptions).
2. The Form SB-1/Real Property will be presented to City Council to be approved and a Resolution passed. The City of Wabash will then provide the Property Owner with a Residential Tax Abatement Submission Packet to complete.
3. The Property Owner(s) will take the completed Residential Tax Abatement Submission Packet to the County Auditor by the required filing date. This date must be obtained from the Wabash County Auditor as it can change. The packet to be submitted must include the following documents:
  - Resolution granted by the City Council
  - Form 11 R/A (**obtained from County Assessor's office**)
  - Form 322 / RE – complete Sections 1 and 2 ONLY
  - Form SB-1 / Real Property – complete Sections 1, 2, 4 and 6 ONLY
  - Form CF-1 / Real Property – complete Sections 1, 2, 4, and 6 ONLY

Once all of the above forms are filed with the County Auditor's office, the abatement is in place.

4. Every year thereafter, by the required filing date for the life of the abatement (5 years), the current Property Owner must turn in a completed Form CF-1 / Real Property to show that the property is still in compliance. Upon approval of Compliance by City Council, and still within the above time frame, the Property Owner must submit the approved Form CF-1 / Real Property to the County Auditor's office for the extension of the abatement. **NO EXCEPTIONS CAN BE MADE FOR THE DEADLINE FOR FILINGS WITH THE COUNTY OFFICES.**

5. If the project is still under construction as of March 1 of any given year, the Taxpayer should contact the Noble Township Assessor's Office to determine if the entire increase in assessed value was accounted for in the most recent assessment. If it is determined that the full amount has not been accounted for, the Taxpayer will be required to file a second Form 322 / RE with the next Form CF-1 / Real Property.

After all assessed value increases which result from the construction are entered, **ONLY** the Form CF-1 / Real Property, approved by City Council, must be delivered to the County Auditor annually on or before the required filing date.

ESTIMATE

Bear Creek Homes LLC

5422 E St Rd 16

URBANA, IN 46990

bearcreekhomes01@gmail.com

+1 (260) 433-6535



Bill to  
Phillip Scott  
151 W. Harrison Ave.  
Wabash, IN 46992

Estimate details

Estimate no.: 1085  
Estimate date: 07/26/2025  
Expiration date: 10/31/2025

#	Date	Product or service	Description	Amount
1.		Concrete	Based off of Bolinger Concrete, Prices are estimated until final design.	\$55,614.00
2.		Excavating	Based off of Callaway Dirtwrx, LLC, Prices are estimated until final design.	\$30,500.00
3.		New Home Construction	Planning, constructing, and finishing of new single story home on a basement.	\$190,000.00
Total				\$276,114.00

Note to customer

50% deposit required on all jobs. Prices are subject to change. 30% restocking fee on all material purchased on cancelled jobs. 10% non-refundable charge on all deposits made on cancelled jobs. By accepting this estimate, you agree and are bound to the terms listed above. This is considered as a signed contract.

Expiry date

10/31/2025

Accepted date

Accepted by



**NOTICE OF ASSESSMENT OF LAND AND STRUCTURES / IMPROVEMENTS**

State Form 21366 (R22 / 12-24)

Prescribed by Department of Local Government Finance

**FORM 11**

Laci Stuber  
One West Hill Street  
Wabash, IN 46992

**THIS IS NOT A TAX BILL****APPEAL DEADLINE IS:**

06/15/2026



Scan the QR code for access to  
your property record card.

SCOTT PHILLIP A & KIMBERLY D  
744 N SPRING ST  
WABASH, IN 46992

Legal description BONDS SUB PT LOTS 6 .66AC	Parcel or Identification number 85-14-11-102-085.000-009
Property Address (number and street, city, state, and ZIP code) W HARRISON AVE, WABASH, IN 46992	

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the assessing official at the telephone number and address below.

Notice to the taxpayer of the opportunity to appeal (IC 6-1.1-15-1.1, 1.2):

If the taxpayer does not agree with the action of the assessing official giving this notice, an appeal can be initiated to challenge that action. To file an appeal, the taxpayer must file a Form 130, Taxpayer's Notice to Initiate an Appeal, with the township assessor or county assessor in a timely manner. The time-frame to file an appeal on the assessment contained in this notice may have two different filing deadlines. These deadlines are based on the date that this notice is mailed. If this notice is mailed before May 1 of the assessment year, the filing deadline is June 16 of that year. If this notice is mailed on or after May 1 of the assessment year, the filing deadline is June 15 in the year that the tax statements are mailed. (IC 6-1.1-15-1.1) This form is available from the assessing official or at: <https://forms.in.gov/Download.aspx?id=6979>. An assessing official who receives a Form 130 must schedule a preliminary informal meeting with the taxpayer in order to resolve the appeal. The assessing official and taxpayer must exchange the information each party is relying on at the time of the preliminary informal meeting to support the party's respective position on each disputed issue concerning the appeal. If the taxpayer has reason to believe that the township assessor, county assessor, an employee of the township assessor or county assessor, or an appraiser has violated IC 6-1.1-35.7-3 or IC 6-1.1-35.7-4(a), the taxpayer may submit a written complaint to the Department of Local Government Finance under IC 6-1.1-35.7-4(b).

NOTE: Failure to file a timely Form 130 can be grounds for dismissal of this appeal.

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE JANUARY 1, 2026	
LAND	\$22,900	LAND	\$00
STRUCTURES/ IMPROVEMENTS *	\$00	STRUCTURES/ IMPROVEMENTS *	\$00
TOTAL	\$22,900	TOTAL	\$00

Reason for revision of assessment:

\* If the change in assessment is due to a new home, a taxpayer should be aware that there are many property tax benefits or deductions available. Please see INDIANA PROPERTY TAX BENEFITS (State Form 51781) available on the DLGF website: [www.IN.gov/dlgef](http://www.IN.gov/dlgef). Other non-residential construction may be eligible for deductions - see Forms 322/RE and Form 322/VBD.

County Wabash	Township NOBLE TOWNSHIP	Date of Notice (month, day, year) 4/29/2025
Assessing Official Laci Stuber		Telephone number (260)563-0661 Ext 1229
Address (number and street, city, state and ZIP code) One West Hill Street, Wabash, IN 46992		





**NOTICE OF ASSESSMENT OF LAND AND IMPROVEMENTS -  
RESIDENTIAL & AGRICULTURAL PROPERTY**

State Form 21366 (R12 / 2-13)

Prescribed by Department of Local Government Finance

**FORM  
11 R/A**

This notice indicates the assessed value of your property. Information on the valuation of your property and a copy of the property record card can be obtained from the Assessing Official at the telephone number and address below.

**Notice to the taxpayer of the Opportunity to Appeal (IC 6-1.1-15-1):**

If a taxpayer does not agree with the action of the assessing official giving this notice, the County Property Tax Assessment Board of Appeals will review that action if you file a notice in writing with the Township Assessor (if any) or the County Assessor within forty-five (45) days of the mailing of this notice. This written notice should include the name of the taxpayer, the address of the property, the key number or the parcel number of the property, the address of the taxpayer (if different from the property address), and the telephone number of the taxpayer. An appeal of this assessed value requires evidence relevant to the value of the taxpayer's property as of the assessment date.

Name and address of property owner	Legal description
	Parcel or identification number
	Property address (number and street, city, state, and ZIP code)

PREVIOUS ASSESSMENT		NEW ASSESSMENT EFFECTIVE MARCH 1, 20____	
LAND		LAND	
IMPROVEMENTS		IMPROVEMENTS	
TOTAL		TOTAL	

Reason for revision of assessment:

If the change in assessment is due to a new home, you should be aware that there are many property tax benefits or deductions available. Please see INDIANA PROPERTY TAX BENEFITS (State Form 51781) available on the DLGF website, [www.IN.gov/dlgf](http://www.IN.gov/dlgf). If the real property is reassessed because it has been rehabilitated, you may be eligible for rehabilitation deductions - see Form 322A or Form 322/RE.

County	Township	Date of notice (month, day, year)
Assessing Official	Telephone number (      )	
Address (number and street, city, state, and ZIP code)		

**SECTION V - FOR AREAS, EXCEPT FOR A RESIDENTIALLY DISTRESSED AREA, WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013 - DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17**

**YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION\*\***

(1) For deductions allowed over a 1 year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

(2) For deductions allowed over a two (2) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

(3) For deductions allowed over a three (3) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 66% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 33% \* \_\_\_\_% \$\_\_\_\_\_

(4) For deductions allowed over a four (4) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 75% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 25% \* \_\_\_\_% \$\_\_\_\_\_

(5) For deductions allowed over a five (5) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 80% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 60% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 40% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 20% \* \_\_\_\_% \$\_\_\_\_\_

(6) For deductions allowed over a six (6) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 85% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 66% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 34% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 17% \* \_\_\_\_% \$\_\_\_\_\_

(7) For deductions allowed over a seven (7) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 85% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 71% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 57% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 43% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 29% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 14% \* \_\_\_\_% \$\_\_\_\_\_

**YEAR OF DEDUCTION / ASSESSED VALUE / PERCENTAGE / DEDUCTION\*\***

(8) For deductions allowed over a eight (8) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 88% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 75% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 63% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 38% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 25% \* \_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 13% \* \_\_\_\_% \$\_\_\_\_\_

(9) For deductions allowed over a nine (9) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 88% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 77% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 66% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 55% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 44% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 33% \* \_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 22% \* \_\_\_\_% \$\_\_\_\_\_

9 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 11% \* \_\_\_\_% \$\_\_\_\_\_

(10) For deductions allowed over a ten (10) year period:

1 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 100% \* \_\_\_\_% \$\_\_\_\_\_

2 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 95% \* \_\_\_\_% \$\_\_\_\_\_

3 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 80% \* \_\_\_\_% \$\_\_\_\_\_

4 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 65% \* \_\_\_\_% \$\_\_\_\_\_

5 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 50% \* \_\_\_\_% \$\_\_\_\_\_

6 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 40% \* \_\_\_\_% \$\_\_\_\_\_

7 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 30% \* \_\_\_\_% \$\_\_\_\_\_

8 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 20% \* \_\_\_\_% \$\_\_\_\_\_

9 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 10% \* \_\_\_\_% \$\_\_\_\_\_

10 20\_\_ pay 20\_\_ \$\_\_\_\_\_ 5% \* \_\_\_\_% \$\_\_\_\_\_

\* The deduction percentages shown in this section apply to a statement of benefits approved before July 1, 2013, that did not have an alternative deduction schedule adopted by the designating body. All other abatements shall use the percentages reflected in the abatement schedule adopted by the designating body per IC 6-1.1-12.1-17.

\*\* The amount of the deduction shall be adjusted annually to reflect changes to the assessed valuation resulting from a reassessment or an appeal of the assessment per IC 6-1.1-12.1-4 (b).

**SECTION VI - FOR A RESIDENTIALLY DISTRESSED AREA WHERE THE STATEMENT OF BENEFITS WAS APPROVED BEFORE JULY 1, 2013  
DEDUCTION SCHEDULE PER IC 6-1.1-12.1-17**

TYPE OF DWELLING	DEDUCTION IS THE LESSER OF: [IC 6-1.1-12.1-4.1(b)]	DEDUCTION IS ALLOWED FOR A FIVE (5) YEAR PERIOD WHICH INCLUDES YEARS:
<input type="checkbox"/> One (1) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$74,880 AV	____ pay ____ through ____ pay ____
<input type="checkbox"/> Two (2) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$106,080 AV	____ pay ____ through ____ pay ____
<input type="checkbox"/> Three (3) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$156,000 AV	____ pay ____ through ____ pay ____
<input type="checkbox"/> Four (4) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$199,680 AV	____ pay ____ through ____ pay ____

Assessed value limits for taxes due and payable prior to January 1, 2005 were \$36,000, \$51,000, \$75,000, and \$96,000 for one to four family dwellings respectively.

**SECTION VII - APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)**

This application is approved in the amounts shown above.

Signature of County Auditor

Printed name of County Auditor

Date signed (month, day, year)



# COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

State Form 51766 (R3 / 2-13)

Prescribed by the Department of Local Government Finance

20\_\_ PAY 20\_\_

FORM CF-1 / Real Property

## PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

### INSTRUCTIONS:

1. This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.
2. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
3. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
4. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
5. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

SECTION 1 TAXPAYER INFORMATION	
Name of taxpayer Phillip A. + Kimberly Scott	County WABASH
Address of taxpayer (number and street, city, state, and ZIP code) 151 W. Harrison Ave, WABASH IN 46992	DLGF taxing district number 85-14-11-102-085.000-000
Name of contact person Phillip A. Scott	Telephone number (574) 936-4650

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY	
Name of designating body	Resolution number 9-1-25
Location of property 151 W. Harrison Ave. Wabash. IN 46992	Estimated start date (month, day, year) 9-1-25
Description of real property improvements Take vacant lot + stick build an approx 1700 sq. ft Single family residential home on a basement	Actual start date (month, day, year) 7-1-26
	Estimated completion date (month, day, year) 7-1-26
	Actual completion date (month, day, year)

SECTION 3 EMPLOYEES AND SALARIES		
EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		
Salaries		
Number of employees retained		
Salaries		
Number of additional employees		
Salaries		

SECTION 4 COST AND VALUES		
COST AND VALUES	REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE
Values before project	24,000	22,900
Plus: Values of proposed project	276,114	
Less: Values of any property being replaced	0	
Net values upon completion of project	299,014	
ACTUAL	COST	ASSESSED VALUE
Values before project		
Plus: Values of proposed project		
Less: Values of any property being replaced		
Net values upon completion of project		

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER		
WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of solid waste converted		
Amount of hazardous waste converted		
Other benefits:		

SECTION 6 TAXPAYER CERTIFICATION		
I hereby certify that the representations in this statement are true.		
Signature of authorized representative Phillip A. Scott	Title owner	Date signed (month, day, year) 7-25-2025

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)  
THAT WAS APPROVED AFTER JUNE 30, 1991

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. Not later than forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
2. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property) and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has NOT made reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:

☐ the property owner IS in substantial compliance

☐ the property owner IS NOT in substantial compliance

☐ other (specify) \_\_\_\_\_

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member

Date signed (month, day, year)

Attested by:

Designating body

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)

Time of hearing

☐ AM  
☐ PM

Date of hearing (month, day, year)

Location of hearing

HEARING RESULTS (to be completed after the hearing)

☐ Approved

☐ Denied (see instruction 4 above)

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member

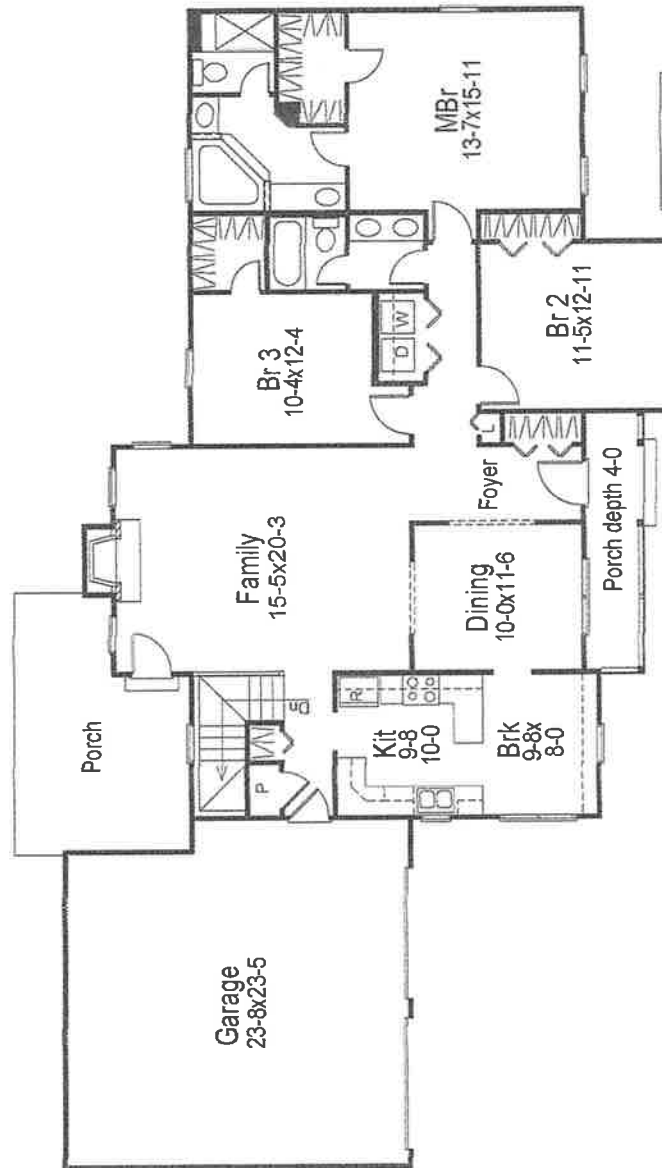
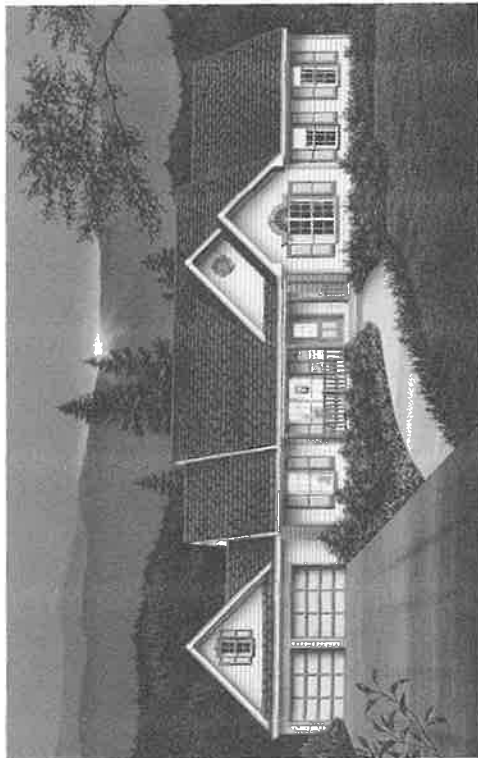
Date signed (month, day, year)

Attested by:

Designating body

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

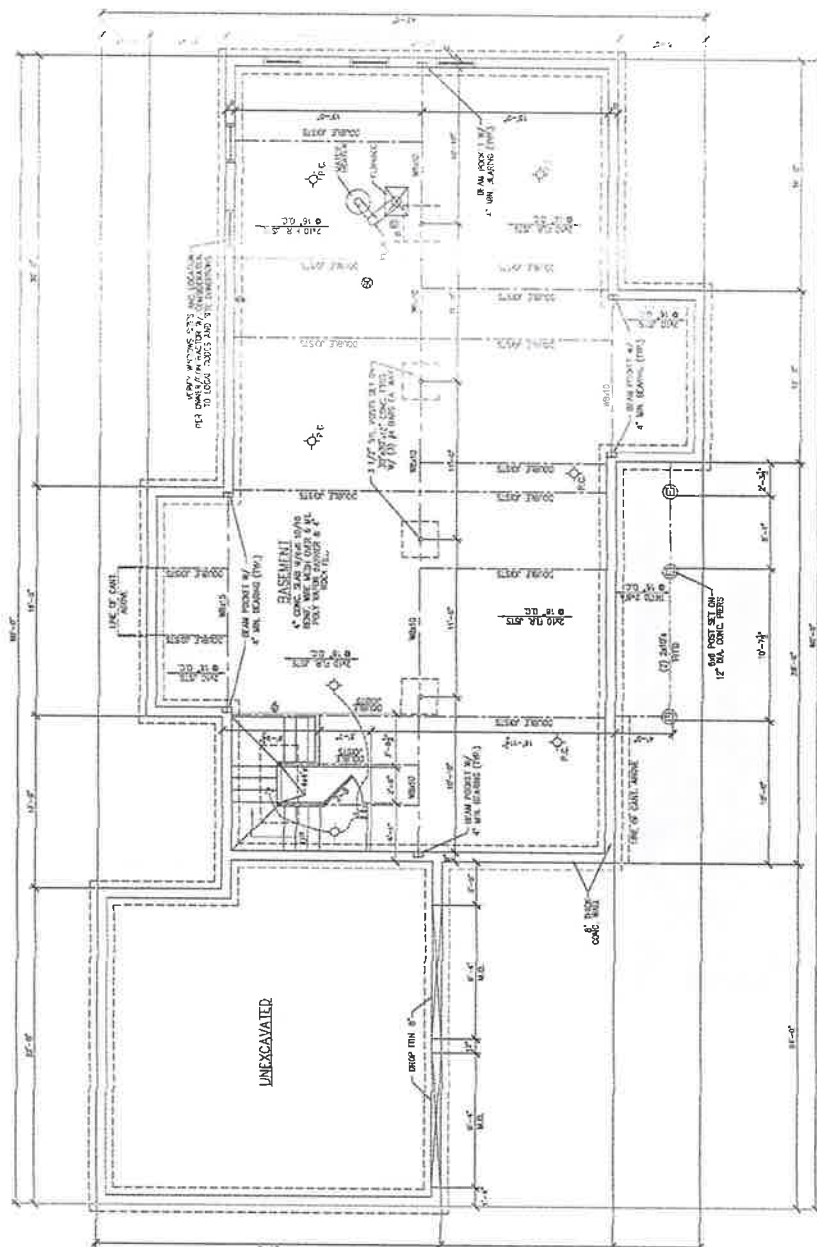
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.



AREA SUMMARY	
SEALING FLOCCS	5.205.5
G-TRAC	5.24.2
PAINT	1.09.5
TRACER FLOCCS	1.1.5

Total Heated Square Feet - 1,708 SQ. FT.





**BASEMENT FOUNDATION PLAN**  
SCALE: 1/4" = 1'-0"



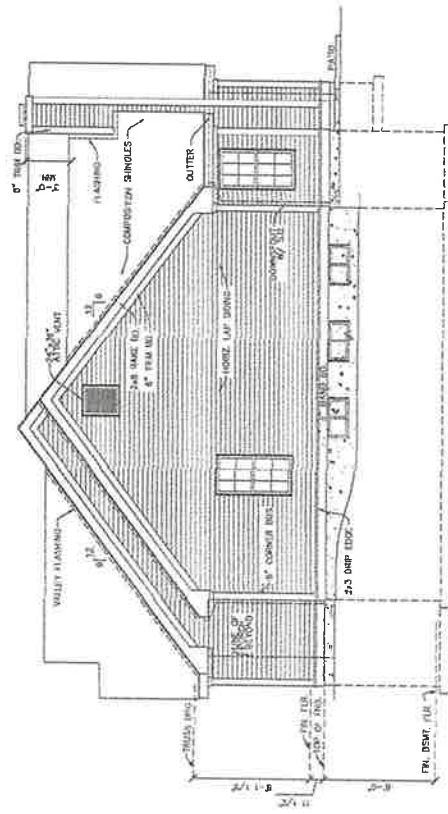
SCALE: 3/8" = 1'-0"



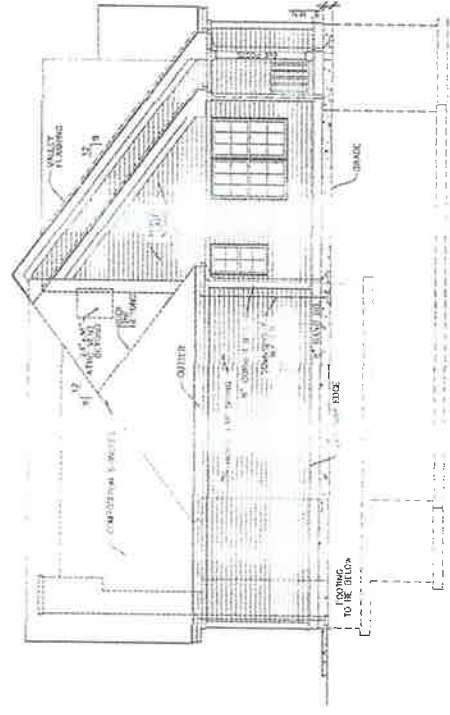




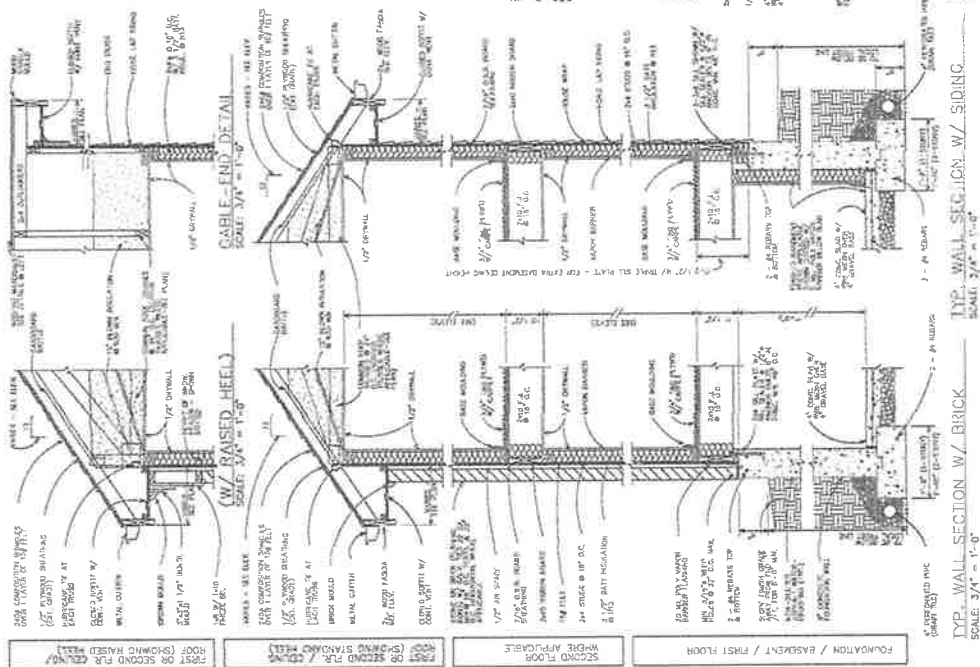




RIGHT ELEVATION  
SCALE 1/4" = 1'-0"



LEFT ELEVATION  
SCALE 1/4" = 1'-0"



TYP. WALL SECTION W/ BRICK

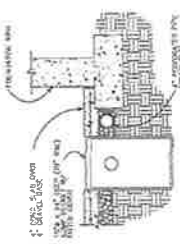
TYP. WALL SECTION W/ SIDING...

GARAGE END, AT FRAME

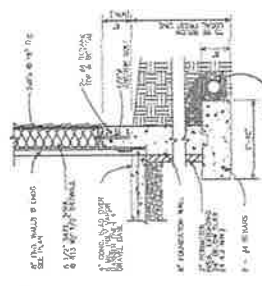
GARAGE END, AT BRICK.  
SCALE 1/8" = 1'-0"



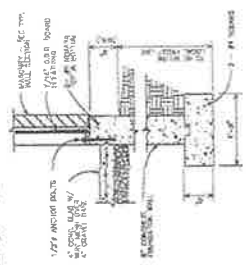
THICKENED SLAB DETAIL  
SCALE: 3/4" = 1'-0"



**SUMP PIT DETAIL**



TYP. FND. @ WALKOUT BSM'T.



GARAGE END, AT BRICK.  
SCALE 1/8" = 1'-0"

[illegible][illegible]

PORTAL FRAMES  
CORNER DETAIL

APA DETAIL OF NARROW  
WALL BRACING METHOD  
WITHOUT HOLD-DOWNS  
FRAMING ANCHOR OPTIO

## WB.1

[illegible]

## SIDE ELEVATION

ONLY FOR USE ON HOMES WITH FULLY VENTED  
GAS BURNING HEATING SYSTEMS. SEE BRO. 800033-01.

## SIDE LIFTING DEVICE

[illegible]

3 WALL BRACING METHOD WITHOUT HOLD-DOWNS (FRAMING ANCHOR OPTION)

PORTAL FRAMES  
CORNER DETAIL

## OUTSIDE EVALUATION

APA DETAIL OF NARROW  
WALL BRACING METHOD  
WITHOUT HOLD-DOWNS  
FRAMING ANCHOR OPTIO

4 STUD SHOE DETAIL FOR PLUMBING CUT OUTS