

FORM PVR-322 Instructions

Application for Assessment of Parcel under 10 V.S.A. § 6306(b)

General Information

Please print in **BLUE** or **BLACK** ink only.

This application is for a corporation certified to be a “qualified organization” as that term is defined in 10 V.S.A. § 6301a(2) to request a tax commissioner’s certification that the property is eligible for property tax exemption under 10 V.S.A. § 6306(b). If your corporation has not received certification as a “qualified organization,” you may request such certification by filing Vermont Form PVR-321, Application for Certification as a Qualified Organization.

Section A Organization Information

Enter organization information in Section A. Your organization must be approved prior to submitting this application for a specific parcel. The organization number will be assigned to you once your application for certification as a qualified organization (Form PVR-321) has been approved.

Section B Grand List Description

Describe the property as it relates to the municipal property record and grand list parcel. Each application must be accompanied by a copy of the deed or other recorded legal instrument of conveyance and a map that meets our current use mapping standards: <https://tax.vermont.gov/content/cu-map-standards>.

Fill in the city or town located, the property SPAN (School Property Account Number), the grand list year, the owner of record as of April 1, real property category code (R2, Woodland, S2, Misc., etc.) total number of acres of parcel, date recorded, book (volume) and page number and actual use of parcel from the official April 1 grand list book.

In some instances, the property subject to the application is only a portion of the property described in the municipal grand list book. For instance, 200 acres of a 250-acre parcel may have been acquired on July 1, 2019. The grand list of April 1, 2019, will contain the 250-acre parcel information. Please indicate whether the subject of the application is all or a portion of the property described in the April 1, 2019, grand list book.

Actual Use of Property

The commissioner requires that the qualified organization provide assurance that the property is being held and maintained for the purposes expressed in 10 V.S.A. § 6301. You must state the actual use of the property and whether any portion of it is enrolled in the Current Use (Use Value Appraisal) Program (Title 32, Chapter 124).

If the subject property is in more than one town, please fill out a separate application for each town.

Contacting the Department

Mailing address:

Vermont Department of Taxes
PO Box 1499
Montpelier, VT 05601-1499

Telephone: (802) 828-5860
Email Address: tax.pvr@vermont.gov
Web site Address: <http://tax.vermont.gov>
Forms: (802) 828-2515

VT Form PVR-322	APPLICATION FOR ASSESSMENT OF PARCEL (10 V.S.A. § 6306(b))
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ORGANIZATION INFORMATION

Name of Organization			Federal ID Number	
Mailing Address			Contact Person	
City	State	ZIP Code		Telephone Number
Foreign Country (if not United States)		Email Address		

GRAND LIST DESCRIPTION

Location of Property - City or Town		SPAN — —		Grand List Year (yyyy)	
Landowner per the Grand List					
Real Property Category	Number of Acres	Deed Recording Information Date Recorded _____		Book _____	Page _____
Actual Use of Parcel					

Attach a copy of the deed or other instrument of conveyance showing title to the property to be that of the qualified organization.

1. What tax status are you seeking for this parcel?
 - Assessment at actual value. Qualified Organization is fee simple owner.
 - Exemption. Qualified Organization holds less than fee simple interest (e.g. conservation easement).
 2. Is property being held and maintained for the purposes expressed in 10 V.S.A. § 6301?
 2. Yes, go to Line 3. No, skip to Line 4.
 3. If Line 3 is "Yes," what portion of the parcel is being so held and maintained? 3. _____ acres
 4. Is any portion of the property enrolled in the Use Value Appraisal Program? 4. Yes No
 5. Is the total parcel in more than one town? 5. Yes No
- 5a. If "Yes," abutting town name: _____

Comments: _____

I certify that the answers set out above are complete, true, and correct, and that I am authorized to sign this application on behalf of the applicant organization.

Signature of Responsible Officer	Title	Date	Daytime telephone number (optional) ()
Printed name	E-mail address (optional)		

I certify that the property described above is held by a qualified organization for the purposes expressed in 10 V.S.A. § 6301.

Signature of Commissioner of Taxes or Authorized Agent	Date
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Send completed application to:
 Vermont Department of Taxes
 PO Box 1499
 Montpelier, VT 05601-1499

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