

CERTIFICATION OF CONTRACTOR OWNER-OCCUPIED DWELLING APPLICATION SDCL 10-13-45

Completed forms must be submitted to your **county director of equalization by March 15.**

Do not include your personal residence. Contact your local County Director of Equalization if you have questions about completing this form. This form is for only those properties being constructed for the purposes of selling the dwelling to be occupied as a single-family dwelling. A contractor may only have a maximum of four dwellings classified as owner-occupied single-family dwellings. No dwelling may be classified as an owner-occupied single-family dwelling for more than two consecutive years.

APPLICANT INFORMATION

PROPERTY OWNER FIRST NAME	LAST NAME	EMAIL			
MAILING ADDRESS		CITY	STATE	ZIP CODE	
CONTRACTOR NAME (IF DIFFERENT THAN OWNER)		COUNTY	PHONE NUMBER		
STREET ADDRESS/LEGAL DESCRIPTION OF THE PROPERTY	CITY	ZIP CODE	DATE OWNED THE PROPERTY	TYPE OF STRUCTURE	% COMPLETE AS OF 11/1
1.					
2.					
3.					
4.					

I am building other residential property in South Dakota. YES () NO () If YES, which county _____.

I hereby state that the above information is correct to the best of my knowledge. Furthermore, I acknowledge these are the only single-family dwellings for which I am requesting contractor owner-occupied certification. I further understand that submission of falsified information on this form is perjury and constitutes a class 5 felony punishable by five years in jail and/or a \$5,000 fine.

APPLICANT SIGNATURE	DATE	EXCISE TAX NUMBER
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DIRECTOR OF EQUALIZATION OFFICE USE ONLY

LEGAL DESCRIPTION OF PROPERTY	
PARCEL NUMBER(S)	
THE REQUEST FOR PROPERTY TO BE CLASSIFIED AS OWNER OCCUPIED IS:	
(<input type="checkbox"/>) APPROVED (<input type="checkbox"/>) DENIED (<input type="checkbox"/>) ACKNOWLEDGE RECEIPT: Your request will be reviewed _____	
NOTES/REASON FOR DENIAL	
DIRECTOR OF EQUALIZATION OFFICE SIGNATURE	DATE

