



***APPLICATION FOR
COMMUNITY REVITALIZATION TAX RELIEF PROGRAM (RSA 79-E)
Instructions to the Applicant***

The following documents contain everything you need to complete your application for tax relief to revitalize your property. Please read everything carefully. The application materials are based upon the requirements set forth by N.H. RSA Chapter 79-E and Claremont City Council Resolution 2016-11, adopted July 22, 2015. You will need to fill out the application, provide required documentation, take part in a public hearing before the City Council and execute a covenant with the City of Claremont, which will be recorded in the Sullivan County Registry of Deeds. To the extent that may be required by your specific application, you may also need to submit your proposal to the Planning Board, the Zoning Board of Adjustment and/or the Historic District Commission.

The Planning and Development Department will be available to respond to questions the applicant(s) may have regarding the application form, drawings and plans. Legal assistance should be obtained from the applicant's personal attorney.

If you have any questions with the application, the process, or what to expect, please call Nancy Merrill, Director of Planning and Development at 603-504-0340 or email: nmerrill@claremontnh.com.

Office Use Only

Date Application Submitted:

Received by:

Application Fee Received on: _____

Council Action: _____

COMMUNITY REVITALIZATION TAX RELIEF PROGRAM (RSA 79-E)
(To be completed by the Applicant)

Property/Building Information

Building Name (if any): _____

Property/Building Address: _____

Eligible Zoning District: _____ Tax Map: _____ Lot : _____ Registry Book/Page: _____

Contact throughout this application process will be made through the applicant listed below.

The property owner may designate an agent as the coordinator for the project. This person (the applicant) shall attend public hearings, will receive comments, recommendations, staff reports, and will communicate all case information to the other parties as required.

The Property Owner may act as the Applicant. If so, list under Applicant's Name, "Owner", and complete owner's information as requested.

Applicant's Name	Owner's Name
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____ Phone: _____
Phone: _____ Fax: _____	Fax: _____
E-mail: _____	E-mail: _____

Existing Property/Building Information:

Existing Uses (describe current use, size, and number of employees):

Is the building eligible for listing or listed individually on the State or National Register of Historic Places or located within a locally designated, State, or National Register Historic district? __Yes __No

If yes, provide a copy of the approved designation by the State or National Register of the building or the district.

Is the building located within and is it significant to locally designated historic district? __Yes __No

Gross Square Footage of Building:

Year Building was Built:

Gross Square Footage of Parcel

Area of Parcel to be impacted:

Square footage of building to impacted:

Is the project in an existing Tax Increment Finance (TIF) District? Yes No

Total assessed value of parcel as of date of application:

Assessed value of building:

Assessed value of land:

Project Description

Proposed Uses (describe use, size, and number of employees):

Is this a change of use associated with this project? Yes No

Will the project include new residential units? Yes No

If yes, please describe:

Will the project include new affordable housing units? Yes No

Has an abatement application been filed or has an abatement been awarded on this property within the past year?
 Yes No

Will any state or federal grants or low income subsidies or any other tax credits be used with this project?
 Yes No

If yes, describe and detail the amount of the aid and terms of repayment:

Number of years of requested tax relief:

For any request for tax relief for up to an additional four (4) years for historic buildings, the project described must meet the Secretary of Interior's Standards for Rehabilitation.

Replacement of Qualifying Structure

Does the project involve the replacement of a qualifying structure? Yes No

1. A New Hampshire division of historical resources individual resource inventory form, prepared by a qualified architectural historian.
2. A letter from the Claremont Historic District Commission that identifies any and all historical, cultural, and architectural value of the structure or structures that are proposed to be replaced and the property on which those structures are located.

Public Benefit (RSA 79:E -7)

In order to qualify for tax relief under this program, the proposed substantial rehabilitation must provide at least one of the public benefits listed below. Any proposed replacement must provide one or more of the public benefits listed below to a greater degree than would a substantial rehabilitation of the same qualifying structure.

Does the project provide the following public benefits? (Check all that apply)

Enhances the economic vitality of the designated area. _____ Yes _____ No

If yes, please describe: _____

Enhances and improves a culturally or historically important structure _____ Yes _____ No

If yes, please describe: _____

Promotes development of the designated area, providing for efficiency, safety, and a greater sense of community, consistent with RSA 9-B? _____ Yes _____ No

If yes, please describe: _____

Increases residential housing in urban or town centers? _____ Yes _____ No

If yes, Please describe: _____

Promotes preservation and reuse of existing building stock by rehabilitation of historic structures? _____ Yes _____ No

If yes, Please describe: _____

Other issues and matters applicant deems relevant to this request? _____ Yes _____ No

If yes, Please describe: _____

Substantial Rehabilitation

Describe the work to be done and estimated costs.

1. Attach additional sheets if necessary and any written construction estimates.
2. Attach any project narratives, plot plans, building plans, sketches, renderings, or photographs that will help explain this application.

Structural (both exterior and interior): _____ _____ _____ _____ _____ _____ _____	Estimated Cost:
--	-----------------

Electrical: _____ _____ _____ _____ _____ _____	Estimated Cost:
--	-----------------

Plumbing/Heating: _____ _____ _____ _____ _____ _____	Estimated Cost:
--	-----------------

Mechanical: _____ _____ _____ _____ _____ _____	Estimated Cost:
--	-----------------

Other: _____ _____ _____ _____ _____ _____	Estimated Cost:
---	-----------------

Total Estimated Project Cost:	\$
--------------------------------------	----

Expected Project Start Date:	Expected Project Completion Date:
-------------------------------------	--

Optional attachments to this application include the following:

Sketches, renderings, photographs, plot plans, building plans, elevations, construction details/costs not included in application, and multi-year cash flow pro forma showing all revenues and expenditures for the project, which might help explain the project.

Applicant/Owner Signature

To qualify for this tax relief incentive, the cost of the project must be at least 25% of the pre-rehabilitation assessed value or \$75,000, whichever is less.

I/we certify the estimated costs are reasonable and the costs of the project meet the above requirement.

Initial here: _____

I/We understand that failure to meet this threshold or the listing of unreasonable construction costs will result in the denial of the application and forfeiture of the application fee.

Initial here: _____

Note: The application for tax relief shall not be deemed to be complete and the governing body shall not schedule the public hearing on the application as required under RSA 79-E:4, II until the inventory form and letter required by RSA 79-E:4, I-a, and all other required information, have been submitted, if required

Initial here: _____

IMPORTANT

PER RSA 79-E:13(II), THE BASE OR "ORIGINAL" ASSESSED VALUE FOR ANY TAX RELIEF PERIOD IS ONLY SET AFTER THE FOLLOWING TWO CONDITIONS ARE MET:

1. APPROVAL BY THE CITY COUNCIL AND;
2. THE APPLICANT'S ENTERING INTO A COVENANT WITH THE CITY OF CLAREMONT TO PROTECT THE PUBLIC BENEFIT.

THEREFORE, THE APPLICANT AND/OR PROPERTY OWNER SHALL NOT COMMENCE ANY OF THE IMPROVEMENTS INCLUDED IN THIS APPLICATION UNTIL SUCH TIME AS HE/SHE HAS SECURED THE ABOVE. THIS PROHIBITION SHALL INCLUDE ANY DEMOLITION TO AN EXISTING STRUCTURE.

Affidavit

I/we have read and understand the RSA 79-E, Community Revitalization Tax Relief Incentive and Claremont City Council Resolution 2016-11 (see attached) and am/are aware that this will be a public process including a public hearing to be held to discuss the merits of this application and the subsequent need to grant a covenant in the deed to the property to the City and pay all reasonable expenses associated with the drafting/recording of the covenant. The undersigned hereby certifies the foregoing information is true and correct;

Signature (printed name) Date

Signature (printed name) Date