



APPLICATION FOR COMMUNITY REVITALIZATION TAX RELIEF INCENTIVE PROGRAM (RSA 79-E)

Date application submitted: _____ Received by: _____

Note: Application must be accompanied by a \$50 application fee at the time of submission.

APPLICANT:	OWNER: (if different from applicant)
Name:	Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone / Fax:	Phone / Fax:
Email:	Email:

PROPERTY / BUILDING INFORMATION:		
Building Name (if any):		Year Built:
Building Address:		Gross Square Footage of Building:
Tax Map #	Lot #	Plot #
Grafton County Registry Book #		Page #

<p>Existing Property / Building Information: (Describe <i>current</i> use, size, number of units, number of employees, etc.)</p>
<p>Proposed Property / Building Information: (Describe <i>proposed</i> use, size, number of units, number of employees, etc.)</p>
<p>Is there a change of use associated with this project? Yes___ No___ If yes, please describe</p>
<p>Will the project include new residential units? Yes___ No___ If yes, please describe</p>
<p>Will the project include new subsidized residential units? Yes___ No___ If yes, please describe</p>

<p>Is the building eligible for listing or listed individually on the State or National Register of Historic Places or located within a 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.</p>
<p>Is the building located within and is it significant to a locally-designated historic district? Yes___ No___</p>
<p>Is the property located in an existing Tax Increment Finance (TIF) District? Yes___ No___</p>
<p>Has an abatement application been filed or has abatement been awarded on this property within the last year? Yes___ No___</p>
<p>Will any state or federal grants or funds or low income subsidies or tax credits be used in this project? Yes___ No___ If yes, what is the amount of the aid? \$_____ Describe and detail any terms of repayment, if applicable.</p>

PROJECT INFORMATION:
Describe the work to be done and the estimated cost. Please attach additional sheets, if necessary, as well as any written construction cost estimates. Please attach any construction contracts, plot plans, building plans, sketches, renderings or photographs that would help describe and explain this application.

Expected Project Start Date: _____	Expected Project Completion Date: _____
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Structural:	\$ _____
Exterior Alterations: (storefront/façade, walls, windows, doors, etc.)	\$ _____
Interior Alterations: (walls, ceilings, moldings, doors, etc.)	\$ _____
Electrical:	\$ _____
Plumbing/Heating:	\$ _____
Mechanical:	\$ _____
Fire Protection:	\$ _____
Other:	\$ _____
Total:	\$ _____

NOTE: In completing this form, the applicant certifies that the estimated costs provided herein are reasonable and that such costs meet the above program requirements. Failure to meet the program requirements or the listing of unreasonable construction costs will result in denial of the application and forfeiture of the application fee.

To be considered for this tax relief incentive program, the total project cost must be at least 15% of the pre-rehabilitation assessed value or \$75,000, whichever is less. In the case of historic structures, the project must devote at least 10% of the pre-rehabilitation assessed value or \$5,000, whichever is less, to energy efficiency in accordance with the U.S. Secretary of the Interior's Standards for Rehabilitation.

TO BE COMPLETED BY CITY ASSESSING DEPARTMENT:
Pre-Rehabilitation Assessed Valuation as of date of application submission: \$ _____
Are the cost threshold requirements satisfied by the project as proposed? Yes___ / No___

PROPOSED PUBLIC BENEFIT (RSA 79-E:7)

In order to qualify for property assessment tax relief under this program, the proposed substantial rehabilitation must provide at least one of the public benefits listed below. Any proposed *replacement* of a qualifying structure 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)

<p>Enhances the economic vitality of the designated areas. If yes, please describe.</p>	Yes ___ No ___
<p>Enhances and improves a culturally or historically important structure. If yes, please describe.</p>	Yes ___ No ___
<p>Promotes preservation and reuse of existing building stock by rehabilitation of historic structures in accordance with energy efficiency guidelines established by the U.S. Secretary of the Interior's Standards for Rehabilitation. If yes, please describe.</p>	Yes ___ No ___
<p>Promotes development in the designated areas, providing for efficiency, safety, and a greater sense of community, consistent with RSA Chapter 9-B. If yes, please describe.</p>	Yes ___ No ___
<p>Increases residential housing in the designated areas. If yes, please describe.</p>	Yes ___ No ___

HISTORICAL REQUIREMENT FOR REPLACEMENT OF QUALIFYING STRUCTURES

In the case of *replacement* of qualifying structure(s), the applicant shall submit a New Hampshire Division of Historical Resources Individual Inventory Form prepared by a qualified architectural historian and a letter issued by the Lebanon Heritage Commission that identifies any and all historical, cultural, and architectural value of the structure(s) that are proposed to be replaced and the property on which those structure(s) are located.

Note: An application for replacement of a qualifying structure shall not be considered complete, and no public hearing shall be scheduled, until the Individual Inventory Form and the Heritage Commission letter, as well as any other required information, have been submitted.

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 of the tax relief by the City Council following a public hearing.
2. The applicant's entering into a Covenant with the City of Lebanon to protect the public benefit(s).

Therefore, the applicant and/or property owner shall not commence any of the improvements included in this application until such time as he or she has satisfied the above requirements. This prohibition shall include any demolition to the existing structure.

AFFIDAVIT

I/We have read and understand the Community Revitalization Tax Relief Incentive (RSA 79-E) 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 enter into a covenant with the City and pay any reasonable expenses associated with the drafting of the covenant. I/We understand the application will not be determined as complete or recommended to the City Council for consideration until all of the necessary information is provided.

The undersigned hereby acknowledge understanding of the above statement and certify that the information provided herein are true and correct:

Signature	Print Name	Date:
Signature	Print Name	Date:
Signature	Print Name	Date:
Signature	Print Name	Date:
Signature	Print Name	Date: