Town of Farmington, New Hampshire
Community Revitalization Tax Relief
(79-E)

Instructions to the Applicant:

The following documents contain everything you need to complete your application for tax relief to revitalize your building. Please read everything carefully. The application materials are based upon the requirements set forth by NH RSA 79-E. You will need to fill out the application, take part in a public hearing with the Board of Selectmen, and execute a covenant with the Town. If you have any questions with the application, the process, or what to expect, please call the Office of the Selectmen at 603-755-2208.
The Town of Farmington appreciates your interest in the Community Revitalization Tax Relief Incentive, and wishes you the best of luck with your application and restoration project.

Town of Farmington

Community Revitalization Tax Relief Incentive (RSA 79-E)

Application Form

Office Use Only
(Do not write in shaded area)

Date Submitted: _____ Fee: _____ Public Hearing Date: _____ Approved: _____ Denied: _____

Building Information:

Building Name (if any): _____ Building Address: _____

Eligible Zoning District: _____ Tax Map: _____ Lot: _____

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, recommendation, 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:

_____

Address: _____

City/Town: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Owner's Name:

_____

Address: _____

City/Town: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Existing Building Information:

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

_____

_____

_____

_____

_____

_____

_____

Gross square footage of building: _____ Year built: _____

Is the building listed on or eligible for listing on the National Register of Historic Places? ___ Yes or ___ No

Is the building listed on or eligible for listing on the State Register of Historic Places? ___ Yes or ___ No

Is the building located within the locally designated Historic District? ___ Yes or ___ No

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Project Description:

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

_____

_____

_____

_____

_____

_____

_____

_____

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

Will the project include new residential units? _____ Yes or _____ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

_____

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

Will any State or Federal grants be used with this project? _____ Yes or _____ No

If yes, please describe:

_____

_____

_____

_____

_____

_____

_____

Replacement of Qualifying Structure

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

If yes, the owner shall submit with this application the following:

1. A New Hampshire Division of Historical Resources Individual Resource Inventory Form, prepared by a qualified architectural historian.
2. A letter from the Farmington Historic District Commission that identifies any and all historical, cultural, and architectural value of the structure or structures that are property on which those structures are located.

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 for replacement of a qualifying structures as required under RSA 79-E:4, II until the inventory form and letter as well as all other required information, have been submitted, if required.

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 or _____ No

If yes, please describe:

_____

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

If yes, please describe:

Increases residential housing in the Town center? _____ Yes or _____ No

If yes, please describe:

Other issues and matters applicant deems relevant to this request? _____ Yes or _____ 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, rendering, or photographs that will help explain this application.

Structural:	**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:** _____

Applicant/Owner Signatures:

To qualify for this tax relief incentive, the cost of the project must be at least 15 percent 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 listing unreasonable construction costs will result in the denial of the application and forfeiture of the application fee.

Initial here: _____ _____ _____ _____

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 Town and pay all reasonable expenses associated with the drafting/recording of the covenant.

Initial here: _____ _____ _____ _____

The undersigned hereby certify that the foregoing information is true and correct:

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____