## Town of Greenland, New Hampshire Community Revitalization Tax Relief Incentive (RSA 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 Town Administrator's Office at 603-431-7111 (ext 100). The Town of Greenland 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 Greenland

## **Community Revitalization Tax Relief Incentive (RSA 79-E)**

Application Form				
Office U	·			
(do not write i	n shaded area)			
Date Application Submitted:	Received by:			
<b>Building Information</b>				
Building Name (if any):				
Building Address:				
Eligible Zoning District				
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	Owner's Name			
Address:	Address:			
City/Town: State: Zip:	City/Town: State: Zip:			
PhoneFax:	PhoneFax:			
E-mail:	E-mail:			
Existing Building Information:  Existing Uses (describe current use, size, and number of employees):				
Gross Square Footage of Building: Year Building	g was Built:			
Is the building listed on or eligible for listing on the National	_			
Is the building listed on or eligible for listing on the state regi Is the building located within and import to locally designated	-			
is the bunding located within and import to locally designated	i instoric district: 🗀 i es 💛 ino			

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?  \( \subseteq \text{Yes} \) \( \subseteq \text{No} \)				
If yes, please describe:				
Wild to the control of the control o				
Will the project include affordable residential units? □Yes □No				
If yes, please describe:				
Has an abatement application been filed or has abatement been awarded on this property within the past year?				
□Yes □No				
Will any state or federal grants be used with this project? □Yes □No				
If yes, describe and detail any terms of repayment:				
Replacement of Qualifying Structure				
Describe and in the state of a second of a				
Does the project involve the replacement of a qualifying structure?  \( \subseteq \text{Yes} \) \( \subseteq \text{No} \)				
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 issued by the New Hampshire division of historical resources 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.				
Note: The application for tax relief shall not be deemed to be complete and the Board of Selectmen 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    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?   No  If yes, please describe:
It Increase residential housing in urban or town centers? □Yes □No If yes, Please describe:
Other Issues and matters applicant deems relevant to this request?   Yes  No  If yes, please describe:

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 photog this application.	graphs that will help explai	
Structural:		
	Estimated Costs	
	Estimated Cost: \$	
Electrical:	Ψ	
<del></del>		
	Estimated Cost:	
Dlumbing/Hosting:	\$	
Plumbing/Heating:		
	Estimated Cost:	
	\$	
Mechanical:		
	Estimated Costs	
	Estimated Cost: \$	
Other:	Ψ	
<del></del>		
	Estimated Cost:	
	\$	
Total Estimated Project Cost:	\$	
Expected Project Start Date: Expected Project Completion Date:		

**Substantial Rehabilitation** 

\$75,000, whichever is less. In portion of the total cost, in the whichever is less, to energy ef Cities or towns may further lir rehabilitation which costs a pe	centive, the cost the project must be a addition, in the case of historic struct amount of at least 10 percent of the priciency in accordance with the U.S. Smit "substantial rehabilitation" according greater than 15 percent of prolocal economic conditions, communit	ures, substantial rehabilitation re-rehabilitation assessed valu- secretary of the Interior's Stan- ng to the procedure in RSA 7 e-rehabilitation assessed valua	n means devoting a nation or at least \$5,000, dards for Rehabilitation. 9-E:3 as meaning ation or an amount
I/we certify the estimated cost	s are reasonable and the costs of the pr	roject meet the above requirer	ment.
Initial here:			
I/We understand that failure to the application and forfeiture of	o meet his threshold or the listing unread the application fee.	asonable construction costs w	ill result in the denial of
Initial here:		. <u></u>	
will be a public process includ	d the Community Revitalization Tax Fing public hearing to be held to discussifie the Town and pay all reasonable of	ss the merits of this applicatio	n and the subsequent
Initial here:	ies the foregoing information is true an		
The undersigned hereby certification	ies the foregoing information is true a	nd correct;	
Signature	(printed name)	Date	_
Signature	(printed name)	Date	_
Signature	(printed name)	Date	_
Signature	(printed name)	Date	_
Signature	(printed name)	Date	_

**Applicant/Owner Signature**