

City of New Rockford

Renaissance Zone Project Application

APPLICANT INFORMATION	
Name (s):	Phone Number (s):
Mailing Address:	
PROJECT INFORMATION	
Street Address:	Renaissance Zone Block Number:
Legal Description of Property:	
Project Description: <input type="checkbox"/> Lease <input type="checkbox"/> Purchase <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Purchase W/ Major Improvements <input type="checkbox"/> Historical Preservation If it is a lease project, does it involve: <input type="checkbox"/> A Relocation from one location in the city to the Renaissance Zone <input type="checkbox"/> A Relocation from one zone property to another	
Information Needed to Estimate State & Local Tax Benefit to the Tax Payer for Five Years	
Residential Property: - Provide State Tax Return from Previous Year - Value of Dwelling _____	Commercial Property: - Projected Annual Business Income from Zone Project _____ - Value of Building _____
For Rehabilitation Projects	
Provide a Description of the Work:	
Current True & Full Value of Building:	Estimated Rehabilitation Costs:

For Projects That Involve Historical Preservation

Description of the Work:

Estimated Costs:

- Provide a Letter of Consultation from the State Historical Society
- Upon Completion, Provide Documentation of Approval from the State Historical Society

OTHER DOCUMENTATION

- Provide Evidence that the Taxpayer is Current on State Taxes
 - Contact the Office of State Tax Commissioner to receive a Certificate of Good Standing
 - This Request must indicate that it is for a Renaissance Zone Project

Information for the Applicable Type of Tax Exemption or Credit

Income Tax Exemption for Purchase or Rehabilitation of a Single-Family Residence

Taxpayer's Name (s):

Taxpayer's Social Security Number (s):

Mailing Address: (if different from above)

Exact Date of Occupancy: (When it occurs)

Expected Date of Occupancy:

Expected Date of Completion of Rehabilitation or Historical Preservation or Renovation: (if applicable)

Exact Completion Date: (When it occurs)

I certify that this property is my primary residence:

Owner _____ Owner _____

Income Tax Exemption for the Purchase, Lease, Rehabilitation, &/or Historical Preservation & Renovation by a Business or Investor

Business (trade name/doing business as) or Investor's Name:

Mailing Address: (if different from above)

Legal Name of Business: (if different then trade name)

Federal Employer Identification Number or Social Security Number:

Type of Entity:

- Partnership
 Corporation
 Subchapter S Corporation
 Cooperative
 Sole Proprietorship
 Limited Liability Company
 Limited Liability Partnership

Is the entity subject to the financial institution tax? (N.D.C.C. 57.35.3)

- Yes
 No

Expected Date of Purchase, Lease, and Completion of Rehabilitation &/or Historical Preservation:

Exact Date When It Occurs:

For Purchases with Major Improvements Include the Expected & Final Purchase Date, the Expected Date of Occupancy or first rental, and the Final Dates When They Occur:

FOR ZONE AUTHORITY & CITY USE

Date of Zone Authority Conditional Approval:

Estimated State & Local Tax Benefit for Five Years:

Identify from the Development Plan the specific criteria used to approve the project:

For projects other than the purchase or rehabilitation of a single family home & historical preservation & renovation, describe how the overall benefit(s) of the project to the community meets or exceeds the financial & tax benefit to the businesses or investor:

- Provide a copy of City Commission minutes that indicates formal approval by the approving entity