

PART 2: APPLICATION FORM

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

OFFICE USE ONLY
(do not write in shaded area)

Date Application Submitted: App

Received by:

Building Information

Building Name (if any):

Building Address:

Bristol Tax Map: _____ Lot: _____ Zoning District: _____ GCRD 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 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: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Existing Building Information

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

Gross Square Footage of Building: _____ Year Building was Built: _____

Is the building listed on or eligible for listing on the National Register of Historic Places?

☐ Yes ☐ No

Is the building listed on or eligible for listing on the state register of historic places?

☐ Yes ☐ No

Is the building located within and important to a locally designated historic district?

☐ Yes ☐ No

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 affordable residential units?

☐ Yes ☐ No

If yes, please describe:

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 be used with this project?

☐ Yes ☐ No

If yes, describe and detail any terms of repayment:

Replacement of Qualifying Structure

Does the project involve the replacement of a qualifying structure? ☐ Yes ☐ 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 Bristol 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.

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 structure as required under RSA 79-E:4, II until the inventory form and the 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.

☐ Yes ☐ No

If yes, please describe:

Increases residential housing in the Historic Overlay District or Downtown Commercial District?

☐ Yes ☐ No

If yes, please describe:

Other issues and matters applicant deems relevant to this request:

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: _____	\$
Electrical: _____	\$
Plumbing/Heating: _____	\$
Mechanical: _____	\$
Other: _____	\$
Total Estimated Project Cost:	\$
Expected project start date: _____ Expected project completion date: _____	

Applicant/Owner Signature

The undersigned hereby certifies the foregoing information is true and correct:

Signature

(printed name)

Date

Signature

(printed name)

Date

Signature

(printed name)

Date

Signature

(printed name)

Date