***TOWN OF DURHAM PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT*** *15 NEWMARKET RD*

*DURHAM, NH 03824-2898 603/868-8064 603/868-8065 FAX 603/868-8033*

[*www.ci.durham.nh.us*](http://www.ci.durham.nh.us/)

**Community Revitalization Tax Relief Application** (per RSA 79E)

Date:

# Property information

*[Office use only. Fee submitted:*

*Final action: ]*

Property address/location: Name of building (if applicable): Tax map #: ; Lot #(‘s): ; Year built (if known):

# Property owner

Name (include name of individual): Mailing address:

Telephone #: Email:

**Applicant/developer** (if different from property owner) **or Agent**

Name (include name of individual): Mailing address:

Telephone #:

# Proposed project

Email:

Explain project:

*Building uses*. Existing: ; Proposed:

*Nonresidential square footage*. Existing: ; Proposed:

*# of residential dwelling units.* Existing: ; Proposed:

*Expected construction dates.* Start: ; Finish:

(Continued *Tax Relief (79E)* application - Tax Map: Lot: )

# Project costs

Describe work that will constitute the substantial rehabilitation and estimated/projected costs. Please attach written estimates, if available.

Structural: Electrical: Plumbing: Mechanical: Other: Total project cost: $

# Other Information

Cost: $ Cost: $ Cost: $ Cost: $ Cost: $

Name of contractor (if known): Will the project include any affordable housing units? ; If so, how many? Will any state or federal grants or funds be used in this project?

What are the public benefits associated with this project (in accordance with RSA 79-E:7)?

# Submission of application

***Note***: This program is available for projects where the rehabilitation cost equals or exceeds 15 percent of the pre-rehabilitation assessed valuation or $75,000, whichever is less. Please attach any plot plans, building plans, elevation drawings, sketches, or photographs which help illustrate the project. A $50.00 application fee (made out to “Town of Durham”) must be submitted with this application. This application must be signed by the property owner.

*I (we) hereby submit this application under the Community Revitalization Tax Relief Incentive Statute (NH RSA 79-E) and attest that to the best of my (our) knowledge all of the information herein and in the accompanying materials is true and accurate. I (we) have reviewed the statute and understand that: a) there will be a public hearing to evaluate the merits of this application; b) I (we) will need to enter into a covenant with the Town; and c) I (we) may be required to pay reasonable expenses associated with the creation of the covenant.*

Signature of property owner (1):

Date: Signature of property owner (2):

Date: