

City of Crosby

Renaissance Zone Project Application

Proposed Renaissance Zone Projects must be submitted to and approved by the City of Crosby Planning and Zoning Authority and the City Council of Crosby prior to the purchase of property or start of renovation or construction. The Project must also be reviewed by the North Dakota Department of Commerce

Applicant Information

Name of Applicant:
Mailing Address:
Phone Number:
Applicant's Business Name (if applicable):
Description of Business Entity:

Property Information

Location – Street Address:
Renaissance Zone Block Number:
Legal Description:
Current Property Owners:
Current Use of Property:

1. Type of project

☐ Business ☐ Residential ☐ Utility Infrastructure Project (UIP)

2. If this is a UIP, project is the applicant a renaissance zone project? **Yes or No**

a. To be considered a Renaissance Zone project, the project would need to take place in the Renaissance Zone and be a utility company.

b. If this is a property owner affected by a UIP not participating in a renaissance zone project, is the property owner in the Renaissance Zone? **Yes or No**

3. For residential projects provide evidence that the home purchased is the taxpayer's primary residence.

4. Project Type:

☐ a. Purchase (to include new construction)

☐ b. Purchase with major improvements

☐ c. Lease

i. What type of lease? (please circle)

New Expansion Continuation of a Lease Leasehold Improvement

If this an expansion, what is the additional square feet of the expansion? ____

ii. If it is a lease project, does it involve the relocation of a business from one location in the city to the Renaissance Zone or from one zone property to another zone property? **Yes No**

- ☐ d. Rehabilitation
- i. Commercial 50% of the True and full value ☐
- Or
- ii. Residential 20% of the true and full value ☐
- iii. Current true and full value of the building (Contact City Assessor) \$_____
- (Any project completed after Feb. 1st will be benefitted the following tax assessment year)
- iv. For rehabilitation projects, provide a description of the work and the estimated costs.

WORK TO BE DONE	ESTIMATED COST

5. Does this project involve historical preservation or renovation? Yes No
- a. For projects that involve historical preservation or renovation, but are not part of a rehabilitation project, provide a description of the work and the estimated costs. ***A letter of approval from the State Historical Society is required to claim any historical tax credits either on a rehabilitation project or renovation.***

b. Information for historical properties may be obtained by contacting the State Historical Society at: (701) 328- 2666.

6. For projects other than the purchase (includes new construction) or rehabilitation of a single-family home and historical preservation and renovation, describe how the overall benefit(s) of the project to the community meets or exceeds the financial and tax benefit to the businesses or investor.

7. Provide the estimated state and local tax benefit to the taxpayer for five years (applies to all projects).

Total State tax benefit for five years \$ _____

Total Property tax benefit for five years \$ _____

Total Non-participating owner tax credit \$ _____

8. Please Attach the Following Information:

_____ For Rehabilitation or New Construction, Building Plans or Renderings.

_____ Evidence that the Applicant is Current on State Income Tax and Local Property Tax. ("Certificate of Good Standing" is Available from:

Individual Income Tax Section

Office of State Tax Commissioner

600 East Boulevard Avenue, Dept. 127

Bismarck ND 58505-0599

Phone: 701-328-3451

_____ Any Additional Information the Applicant Believes will Help the Zone Authority make a Decision Regarding the Project.

I Guarantee that all Improvements will Meet the ND State Building Code as Adopted by the City of Crosby. (All Fees to Ensure the Improvements will Meet ND State Building Code will be Paid by the Applicant.)

Signature of Owner _____ Date _____

City of Crosby Planning and Zoning Authority reviewed this application on _____

Does the Project Meet the Zone Goals and Objectives:

What is the Approved Incentive on the Building:

Action of the Planning and Zoning Authority:

Recommend to the City Council for: _____ Approval _____ Denial

Date: _____

Planning and Zoning Authority Chairman

Action of the City Council:

_____ Approval _____ Denial

Date: _____

City of Crosby

Sent to ND Division of Community Services on _____

Zone Administrator