



Town of Goffstown, NH

Community Revitalization Tax Relief Incentive

Application Instructions

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 Goffstown Economic Development Coordinator at 497-8990 x 119.

Thank you for your interest in the Community Revitalization Tax Relief Incentive, and good luck with your application and restoration project.



TOWN OF GOFFSTOWN

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

OFFICE USE ONLY
(do not write in shaded area)

Date Application Submitted: _____

Received by: _____

Building Information

Building Name (if any): _____

Building Address: _____

Goffstown Tax Map: _____ Lot: _____ Zoning District: _____ HCRD 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: _____

Owner's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-mail: _____

E-mail: _____

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 Goffstown 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: _____

- It increases residential housing in urban or town centers. 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: \$0.00

Expected project start date: _____

Expected project completion date: _____

Applicant/Owner Signature

To qualify for this tax relief incentive, the costs of the project must be at least 15% of the pre-rehabilitation assessed value or \$75,000, whichever is less.

I/we certify the estimated costs are reasonable and the costs of the project meet the above requirement.

Initial here: _____

I/We understand that failure to meet this threshold or the listing unreasonable construction costs will result in the denial of the application and forfeiture of the application fee.

Initial here: _____

I/we have read and understand the Community Revitalization Tax Relief Incentive, RSA 79-E, and am/are aware that this will be a public process including public hearing to be held to discuss the merits of this application and the subsequent need to enter into a covenant with the Town and pay all reasonable expenses associated with the drafting/recording of the covenant.

Initial here: _____

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