



**City of Somersworth**  
**Department of Development Services**  
One Government Way, Somersworth, NH 03878  
603/692-9519  
FAX 603/692-9575  
[www.somersworth.com](http://www.somersworth.com)

## **Community Revitalization Tax Relief Incentive Application**

(per City Ordinance Chapter 31)

Date: \_\_\_\_\_ [Office use only. Fee submitted: \_\_\_\_\_]

### **Property information**

Property address/location: \_\_\_\_\_

Name of building (if applicable): \_\_\_\_\_

Tax Map: \_\_\_\_\_ Lot #: \_\_\_\_\_

### **Property owner**

Name (include name of individual): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Proposed project**

Explain project and include number of years of relief being requested (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building uses Existing: \_\_\_\_\_ ; Proposed: \_\_\_\_\_

Nonresidential square footage. Existing: \_\_\_\_\_ ; Proposed: \_\_\_\_\_

# of residential dwelling units. Existing: \_\_\_\_\_ ; Proposed: \_\_\_\_\_

Expected construction dates. Start: \_\_\_\_\_ ; Finish: \_\_\_\_\_

**Project costs**

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

Structural: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Electrical: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Plumbing: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Mechanical: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Other: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**Other Information**

Name of contractor (if known): \_\_\_\_\_

Will the project include any residential housing units? \_\_\_\_\_; If so, how many? \_\_\_\_\_

Will any state or federal grants or funds be used in this project? \_\_\_\_\_

What are the proposed public benefits associated with this project (in accordance with

Chapter 31 Section 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 non-refundable application fee (made out to "City of Somersworth") must be submitted with this application. This application must be signed by the property owner.

*I (we) hereby submit this application under Chapter 31 Community Revitalization Tax Relief Incentive of the City of Somersworth 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 Ordinance 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 City; and c) I (we) may be required to pay reasonable expenses associated with the creation and recording of the covenant.*

Signature of property owner (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of property owner (2): \_\_\_\_\_ Date: \_\_\_\_\_