



The City of Berlin
Application for Downtown Tax Relief
Incentive

City Planning, 168 Main Street, Berlin, NH 03570
603-752-8587, fax 603-752-8550
Email: plaflamme@berlinnh.gov

A \$50.00 application fee must accompany this application upon submission.

Application date: _____

Building Name	(Primary) Owner's Name
Building Address	(Primary) Owner's Address
Map # _____ Lot# _____	
Book # _____ Page# _____	

The application is for: Substantial Rehabilitation Tax Relief Incentive _____
 Tax Relief Incentive for New Residential Units _____
 Tax Relief Incentive for Rehabilitation of Historic Places _____
(Please check all that apply) In accordance with the U.S. Secretary of interior's Standards for Rehabilitation _____

Will there be a change of use? Please explain: _____

Describe the work to be done and estimated cost:

Structural:	\$
Electrical:	\$
Plumbing/Heating:	\$
Mechanical:	\$
Other:	\$
Total Note: To qualify for this incentive, the costs of the project must be at least 15% of the current pre-rehabilitation assessed value or at least \$75,000, whichever is less. In completing this form, you certify that the estimates are reasonable and that you meet the above requirement. Failure to meet the threshold or the listing of unreasonable construction costs will result in denial of the application and forfeiture of the application fee.	\$

Expected project start:_____

Expected project completion:_____

I/we have read and understand the Community Revitalization Tax Relief Incentive Ordinance and am aware that this will be a public process including a public hearing to be held to discuss the merits of this application and the subsequent need to enter into a covenant with the City and pay any reasonable expenses associated with the drafting of the covenant.

Type or Print Name (in black ink)	Signature (in black ink)	Date
Type or Print Name (in black ink)	Signature (in black ink)	Date
Type or Print Name (in black ink)	Signature (in black ink)	Date

TO BE COMPLETED BY LOCAL ASSESSOR

Pre-rehabilitation assessed valuation:	_____
Estimated Cost from Application Above:	_____
Percent cost to valuation:	_____ %
Does the cost of rehabilitation exceed 15% of pre-rehabilitation assessed valuation Or \$75,000: YES _____ NO _____	
If the answer to the above is no, the application is automatically denied.	

MAYOR AND COUNCIL REVIEW

The application is: Granted: _____ Denied _____
Substantial Rehabilitation Tax Relief Incentive will be for _____ years
Tax Relief Incentive for New Residential Units will be for _____ years
Tax Relief Incentive for Rehabilitation of Historic Places In accordance with the U.S. Secretary of interior's Standards for Rehabilitation _____ years
Specific terms of covenant:
Specific public benefit(s) achieved or reason(s) for denial:

The above decision was rendered by a motion of the Mayor and Council at a meeting held on _____.

City Manager

Date