CITY OF OAKES RENAISSANCE ZONE PROJECT APPLICATION

NOTE TO APPLICANT: THIS APPLICATION IS CONSIDERED PUBLIC RECORD. WHILE IT WILL NOT BE PUBLISHED OR DISPLAYED, IT IS AVAILABE FOR REVIEW BY ANYONE WHO ASKS TO SEES IT.

Type of Project:	Business	Residential			
Current Use of Propert	y:				
Business \square	Residential	□ Vacant □			
Future Use of Property:					
Business \square	Residential				
Address of Project:Renaissance Zone Block	:				

Provide description of the property and its current condition.

Residential Proje	ects			
Taxpayer's Name	e(s)			
Taxpayer's Socia	al Security Number(s)			
Mailing Address				
M	lust Provide Evidence property is the Taxp	payer's Primary Residence		
Business Project	<u>ts</u>			
Business or Inve	estor's Name			
Legal Name of Business (If Different from Above)				
Mailing Address				
Federal Employe	er Identification Number or Social	Security Number		
Type of Entity	Partnership 🗆	Corporation		
	Sub S Corporation □	Sole Proprietorship		
	Limited Liability Company	Limited Liability Partnership $\ \square$		
Is entity subject	to the financial institution tax (NI	OCC 57.35.3) Yes □ No □		
If eligible, does t	he taxpayer elect to take an incom	ne tax exemption of up to two		
	-	s determined under section NDCC		
	eu of the exemption from any tax o			
business or inve	stment locations within the zone?	Yes □ No □		

<u>Project Information</u>	
Purchase (Include New Construction)	
Expected Purchase Date:	_
Purchase (Include Major Improvements) 🗆 *applies only	y to business projects
Expected Purchase Date:	_
Lease □	
Type: New □ Expansion □	Continuation of Lease
If expansion, what is additional square feet?	
Does it involve the relocation of a business from	n one location in the city
to the Renaissance Zone or from one zone prop	erty to another zone
property?	
Rehabilitation	
Business: 50% of the True and Full Value $\ \square$	
Residential: 20% of the True and Full Value $\ \square$	
Historical Preservation/Renovation □	
*letter of approval from the Historical Society is required to	o claim any historical tax credits
Description of Project:	
Expected Start Date of Project:	
Expected Completion Date of Project:	
Expected Date of Occupancy:	_
Estimated Cost of Project: \$	
Attach explanation of project in detail, drawings and/breakdown of how money will be spent on the project (e\$30,000 for materials; \$5,000 for heating; etc.) and provide hired and their contract information. Include any other important the state of the	ex. \$10,000 cement work; de list of contractors to be
Applicant Signature:	Date:

Required Documentation:

- Proof of ownership of property or statement of intent to buy (proof of purchase) or build
- Proof of lease or agreement for a lease of business property
- Letter of Approval from the State Historical Society
- Letter from Dickey County Auditor indicating no history of tax delinquency in past 3-5 years
- Certificate of Good Standing from the Office of State Tax Commissioner
- Letter of Credit Worthiness from a Bank or Lending Company
- Drawings/Plans and Cost Estimates
- Proof residential property will be applicant's primary residence.
- Building Permit

Date of Completion:

• Property Tax Exemption Applications

NOTE: The DCS reserves the right to reject an approved zone project or to continue negotiating its approval. When a project is approved by the DCS, the local zone authority will be notified in writing.

NOTE: If after a project is approved and the property changes hands or a replacement project is approved during the five-year exemption period, the city does not need to have formal approval for the transfer or the replacement project. The zone authority, however, must notify the DCS of the change and provide the applicable information about the new homeowners, business, and/or investor. The zone authority must also notify the DCS if any other change occurs in the status of the business or investor that would affect the exemption approved. See Section XIV for guidance

*******Renaissa:	nce Zone Administrator Use******************
True & Full Value AFTER Completing (as determined by City Assessor)	on \$
Review by Renaissance Zone Autho Date:	rity Recommendation:
Review by City Council Date: Notice & Minutes Attached	Recommendation:
Review by DCS Final Recommendation:	
Tax Exemptions:	
Criteria from Development Plan use	ed for approval: