



## **City of Laconia, 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 City Council, and execute a covenant with the City. If you have questions with the application, the process, or what to expect, please call the City Manager's Office at 527-1270, or e-mail [info@city.laconia.nh.us](mailto:info@city.laconia.nh.us)

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





# CITY OF LACONIA



## Community Revitalization Tax Relief Incentive (RSA 79-E) APPLICATION FORM

**OFFICE USE ONLY**  
(do not write in shaded area)

Date Application Submitted: \_\_\_\_\_ Application & Fee (\$100) Received By: \_\_\_\_\_

### Building Information

Building Name (if any): \_\_\_\_\_

Building Address: \_\_\_\_\_

Laconia Tax Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_ 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.

<b>Applicant's Name:</b> _____	<b>Owner's Name:</b> _____
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) \_\_\_\_\_

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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: \_\_\_\_\_

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Will the project include affordable residential units?

Yes  No

If yes, please describe: \_\_\_\_\_

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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: \_\_\_\_\_

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**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 Laconia Heritage 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: \_\_\_\_\_

- 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: _____ _____ _____	\$
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Electrical: _____ _____ _____	\$
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Plumbing/Heating: _____ _____ _____	\$
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Mechanical: _____ _____ _____	\$
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Other: _____ _____ _____	\$
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<b>Total Estimated Project Cost:</b>	\$
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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 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 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 all reasonable expenses associated with the drafting/recording of the covenant.

Initial here: \_\_\_\_\_

The undersigned hereby certifies the foregoing information is true and correct:

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Signature (printed name) Date

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Signature (printed name) Date

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Signature (printed name) Date

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Signature (printed name) Date