



# TOWN OF HENNIKER

18 DEPOT HILL ROAD  
HENNIKER, NH 03242  
TOWN HALL (603) 428-3221 FAX (603) 428-4366  
WWW.HENNIKER.ORG

## APPLICATION FOR COMMUNITY REVITALIZATION TAX RELIEF

### INCENTIVE PROGRAM (RSA 79-E)

Date application submitted: _____	Received by: _____
-----------------------------------	--------------------

<b>APPLICANT</b>	<b>OWNER</b>
Name:	Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone/Fax:	Phone/Fax:
Email:	Email:

<b>PROPERTY / BUILDING INFORMATION</b>		
Building Name (if any):		Year Built:
Building Address:		Gross Square Footage of Building:
Tax Map #	Lot #	Plot #
Sullivan County Registry Book #		Page #

<b>Existing Property / Building Information:</b> (Describe current use, size, number of units, number of employees, etc.)
<b>Proposed Property / Building Information:</b> (Describe Proposed use, size, number of units, number of employees, etc.)
<b>Is there a change of use associated with this project?</b> Yes    No    If yes, please describe
<b>Will the project include new residential units?</b> Yes    No    If yes, please describe
<b>Will the project include new subsidized residential units?</b> Yes    No    If yes, please describe

**Is the building eligible for listing individually on the State or Nation Register of Historic Places or located within a State or National Register Historic District?**

Yes\_\_\_ No\_\_\_ If yes, provide a copy of the approved designation by the State or National Register of the building or the district.

**Is the building located within, and is it significant to a locally-designated historic district?**

Yes\_\_\_ No\_\_\_

**Has an abatement application been filed, or has abatement been awarded on this property within the last year?**

Yes\_\_\_ No\_\_\_ If yes, please describe

**Will any state or federal grants or funds or low-income subsidies or tax credits be used in this project?**

Yes\_\_\_ No\_\_\_ If yes, what is the amount of the aid \$\_\_\_\_\_. Describe and detail any repayment terms, if applicable.

**PROJECT INFORMATION:**

Describe the work to be done and the estimated cost. Please attach additional sheets, if necessary, as well as any written construction cost estimates. Please attach any construction contracts, plot plans, building plans, sketches, renderings, or photographs that would help describe and explain this application.

Expected Project Start Date:\_\_\_\_\_ Expected Project Completion Date:\_\_\_\_\_

**Structural:**

\$\_\_\_\_\_

**Exterior Alterations: (Storefront/Façade, Walls, Windows, Doors, etc.)**

\$\_\_\_\_\_

**Interior Alterations: (Walls, Ceilings, Moldings, Doors, etc.)**

\$\_\_\_\_\_

**Electrical:**

\$\_\_\_\_\_

**Plumbing/Heating:**

\$\_\_\_\_\_

**Mechanical:**

\$\_\_\_\_\_

**Fire Protection:**

\$\_\_\_\_\_

**Other:**

\$\_\_\_\_\_

Total:

**NOTE: In completing this form, the applicant certifies that the estimated costs provided herein are reasonable and that such expenses meet the above program requirements. Failure to meet the program requirements or the listing of unreasonable construction costs will result in denial of the application and forfeiture of the application fee.**

\$\_\_\_\_\_

To be considered for this tax relief incentive program, the total project cost must be at least 15% of the pre-rehabilitation assessed value or \$75,000, whichever is less. In the case of historic structures, the project must devote at least 10% of the pre-rehabilitation assessed value or \$5,000, whichever is less, to energy efficiency per the U.S. Secretary of the Interior's Standards for Rehabilitation.

**TO BE COMPLETED BY TOWNS ASSESSING DEPARTMENT:**

Pre-Rehabilitation Assessed Valuation as of date of application submission: \$\_\_\_\_\_

Are the cost threshold requirements satisfied by the project as proposed? Yes\_\_\_/ No\_\_\_

**PROPOSED PUBLIC BENEFIT (RSA 79-E:7)**

To qualify for property assessment tax relief under this program, the proposed substantial rehabilitation must provide at least one of the public benefits listed below. Any proposed replacement of a qualifying structure must provide one or more of the public benefits listed below to a greater degree than 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 areas. If yes, please describe	Yes ____ No ____
Enhances and improves a culturally or historically significant structure. If yes, please describe.	Yes ____ No ____
Promotes preservation and reuse of existing building stock by rehabilitation of historical structures per energy efficiency guidelines established by the U.S. Secretary of the Interior's Standards for Rehabilitation. If yes, please describe.	Yes ____ No ____
Promotes development in the designated areas, providing efficiency, safety, and a greater sense of community, consistent with RSA Chapter 9-B. If yes, please describe.	Yes ____ No ____
Increases residential housing in the designated areas. If yes, please describe.	Yes ____ No ____

**HISTORICAL REQUIREMENT FOR REPLACEMENT OF QUALIFYING STRUCTURES**

In the case of replacement of qualifying structure(s), the applicant shall submit a New Hampshire Division of Historical Resources Individual Inventory Form prepared by a qualified architectural historian that identifies any historical, cultural, and architectural value of the structure(s) that are proposed to be replaced and the property on which those structure(s) are located.

**IMPORTANT**

Per RSA 79-E:13, II, the Base or "Original" Assessed Value for any tax relief period is only set after the following two conditions are met:

1. Approval of the tax relief by the Board of Selectmen following a public hearing.
2. The applicant's entering into a Covenant with the Town of Henniker to protect the public benefit(s).

Therefore, the applicant and property owner shall not commence any of the improvements included in this application until he or she has satisfied the above requirements. This prohibition shall consist of any demolition of the existing structure.

**AFFIDAVIT**

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 Town and pay any reasonable expenses associated with the drafting of the covenant. I/We understand the application will not be determined as complete or recommended to the Board of Selectmen for consideration until all of the necessary information is provided.

The undersigned hereby acknowledge understanding of the above statement and certify that the information provided herein is true and correct:

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date: