



TOWN OF
PETERBOROUGH
OFFICE OF THE SELECT
BOARD

DO NOT WRITE IN THIS SPACE

File Number: _____

Date App. Rec'd _____

Amount Rec'd _____

By: _____

Application for Community
Revitalization Tax Relief
Incentive
(RSA 79-E)

Office of the Select Board
1 Grove Street

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Application Instructions

1. Applications are filed with the Select Board. Upon receipt of an application, the Board will hold a public hearing within 60 days. You will be notified by certified mail of the hearing date.
2. At the hearing, the Select Board must make specific determinations and findings in order to grant relief. It will be your responsibility to demonstrate compliance with the criteria, listed below.
 - a. The structure must qualify by being located in either the Downtown Commercial District or the Village Commercial District. If you are unsure of your property's designation, either the Assessing Office or the Office of Community Development will help you.
 - b. The proposed rehabilitation must be substantial, which means the cost of the rehabilitation must be at least 15% of the pre-rehabilitation assessed value, or \$75,000, whichever is less.
 - c. In the case of a replacement of a qualifying structure, the application must include a NH Division of Historical Resources Individual Resource Inventory Form prepared by a qualified architectural historian and a letter from the Peterborough Heritage Commission identifying any historical, cultural and architectural values of the structure(s) to be replaced.
 - d. In order to qualify for tax relief, a rehabilitation must provide at least one of the following public benefits, and a replacement must provide one or more of the public benefits to a greater degree:
 - i. It must enhance downtown economic vitality.
 - ii. It must enhance or improve a culturally or historically important structure.
 - iii. It must promote development of a town center.
 - iv. It must increase residential housing.
 - e. The proposed use must be consistent with the Master Plan and the Town of Peterborough land use regulations.
3. The Select Board will render a decision within 45 days of the public hearing. In the case of a denial, the applicant will receive written explanation. Appeal of the denial may be made to the Board of Tax and Land Appeals or the Superior Court.
4. The tax relief that may be granted by the Select Board is in the form of an assessment freeze on the qualifying structure(s) for a period of up to five (5) years. It is the Board's decision as to the amount of the tax relief granted as well as the period of time. Additional time may be granted by the Board, as follows:
 - a. An additional two (2) years may be added for a project that results in new residential units.
 - b. An additional four (4) years may be added for a project that includes affordable housing.
 - c. An additional four (4) years may be added for a structure that is listed on or determined to be eligible for listing on the National Register of Historic Places or the NH State Register of Historic places.
 - d. All applications must be accompanied by a \$50 filing fee, made payable to the Town of Peterborough.

I, the applicant or owner's duly authorized agent, agree to be fully responsible for payment of all fees, costs, and expenses incurred with respect to this application. I understand that if I am not the owner of the property named above, this application must be accompanied by a letter from the owner that authorizes me to represent the owner(s) in this application. I further grant the Select Board or its authorized agents the right to enter the premises at reasonable times, if deemed necessary by the Board in order to act on this application.

Applicant/Agent: _____

Signature: _____ Date: _____

APPLICATION INFORMATION: Please provide all of the information requested below. You may attach additional sheets, if necessary.

Owner Name(s) and Address: _____

Telephone and Email: _____

Applicant Name(s) and Address (if different from Owner): _____

Telephone and Email: _____

Building Name (if any/Parcel ID #): _____

Building Address/Zoning District: _____

Year of Construction/Square Footage: _____

Assessed Value of the Building: _____

Is this a proposed rehabilitation or replacement? _____

Is the building eligible for or listed on the National or State Register of Historic Places? Yes No

If Yes, please provide a copy of the approved designation.

If Yes, will an additional four (4) years of tax relief be requested? Yes No

If Yes, please provide documentation that the work being done will be conducted in accordance with the U.S. Secretary of Interior's Standards for Rehabilitation.

Description of Existing Uses: _____

Is there a change of use associated with the project? Yes No If Yes, please describe:

Will the project result in new residential units? Yes No If Yes, please describe:

Will the project include affordable housing? Yes No If Yes, please describe:

Will any state or federal grants or funds be used in this project? ___ Yes (Amount: _____) ___ No

If Yes, does this amount exceed 50% of the estimated costs of construction? ___ Yes ___ No

If Yes, the project is not eligible for tax relief under RSA 79-E.

If Yes, please describe any terms of repayment: _____

For a rehabilitation, please describe the work to be done and estimated cost (you may attach additional sheets if necessary):	
Structural:	\$
Electrical:	\$
Plumbing/Heating:	\$
Mechanical:	\$
Other:	\$
Total: (Must be \$75,000 or 15% of the assessed value, whichever is less.)	\$

Please attach any written construction estimates or contracts, and any plot plans, building plans, sketches, renderings or photographs that would help explain this application.