



TOWN OF MILFORD, NH  
OFFICE OF COMMUNITY DEVELOPMENT

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## APPLICATION FOR COMMUNITY REVITALIZATION TAX RELIEF PROGRAM

### Instructions to the Applicant:

You will need to fill out the application, provide required documentation, take part in a public hearing before the Board of Selectmen and execute a covenant with the Town of Milford, which will be recorded in the Hillsborough County Registry of Deeds. To the extent that may be required by your specific application, you may also need to submit your proposal to the Planning Board, the Zoning Board of Adjustment and/or the Heritage Commission.

The Office of Community Development will be available to respond to questions the applicant(s) may have regarding the application form, drawings and plans. Legal assistance should be obtained from the applicant's personal attorney.

If you have any questions with the application, the process, or what to expect, please call the Director of Community Development at (603) 249-0620 or email: [DirComDev@Milford.nh.gov](mailto:DirComDev@Milford.nh.gov).

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

### Office Use Only

Date Application Submitted: \_\_\_\_\_ Received By: \_\_\_\_\_ (Initials)

Applicant: \_\_\_\_\_ Application Fee Received: Yes ☐ No ☐

Board of Selectmen Action: Approved ☐ Denied ☐ Date: \_\_\_\_\_

# COMMUNITY REVITALIZATION TAX RELIEF PROGRAM (RSA79-E)

(To be completed by the Applicant)

## Property/Building Information

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

Property/Building Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Registry 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.**

### Applicant's Name:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Owner's Name:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Existing Property/Building Information:

Existing Uses (describe present use, size, and number of employees, etc.):

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Is the building listed on, or eligible for listing, on the National Register of Historic Places or located within a locally designated 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 important to a locally designated historic district? ☐ Yes ☐ No

**Existing Property/Building Information (Continued):**

Gross Square Footage of Building: \_\_\_\_\_ Year Building was built: \_\_\_\_\_

Gross Square Footage of Parcel: \_\_\_\_\_ Area of Parcel to be impacted: \_\_\_\_\_

Square footage of building to impacted: \_\_\_\_\_

Total assessed value of parcel as of date of application: \_\_\_\_\_

Assessed value of building: \_\_\_\_\_ Assessed value of land: \_\_\_\_\_

**Project Description**Proposed Uses (describe use, size, number of employees, etc.):  
\_\_\_\_\_  
\_\_\_\_\_Is this a change of use associated with this project? ☐ Yes ☐ NoWill the project include new residential units? ☐ Yes ☐ NoIf yes, please describe:  
\_\_\_\_\_Will the project include affordable residential units? ☐ Yes ☐ NoIf yes, please describe: \_\_\_\_\_  
\_\_\_\_\_Has an abatement application been filed or has an abatement been awarded on this property within the past year?  
☐ Yes ☐ NoWill any state or federal grants, low income subsidies, or any other tax credits be used with this project?  
☐ Yes ☐ NoIf yes, describe and detail the amount of the aid and terms of repayment: \_\_\_\_\_  
\_\_\_\_\_

Number of years of requested tax relief: \_\_\_\_\_

For any request for tax relief for up to an additional four (4) years for historic buildings, the project described must meet the Secretary of Interior's Standards for Rehabilitation. (See NH RSA 79-E:5, III)

**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 Milford 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:

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Enhances and improves a culturally or historically important structure? ☐ Yes ☐ No

If yes, please describe:

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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:

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Increases residential housing in urban or town centers? ☐ Yes ☐ No

If yes, please describe:

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Promotes preservation and reuse of existing building stock by rehabilitation of historic structures ☐ Yes ☐ No

If yes, please describe:

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Other issues and matters applicant deems relevant to this request? ☐ Yes ☐ No

If yes, please describe:

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**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 (both exterior and interior):**

Estimated Cost: \_\_\_\_\_

**Electrical:**

Estimated Cost: \_\_\_\_\_

**Plumbing/Heating:**

Estimated Cost: \_\_\_\_\_

**Mechanical:**

Estimated Cost: \_\_\_\_\_

**Other:**

Estimated Cost: \_\_\_\_\_

**Total Estimated Project Cost:****Expected Project Start Date:** \_\_\_\_\_ **Expected Project Completion Date:** \_\_\_\_\_

**Optional attachments to this application include the following:**

Sketches, renderings, photographs, plot plans, building plans, elevations, construction details/costs not included in application, and multi-year cash flow pro forma showing all revenues and expenditures for the project, which might help explain the project.

**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 the 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 discuss the merits of this application and the subsequent need to enter into a covenant with the Town and pay all reasonable expenses associated with the drafting/recording of the covenant.

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

**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 as required under RSA 79-E:4, II until the inventory form and letter required by RSA 79-E:4, I-a, and all other required information, have been submitted, if required

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

**IMPORTANT**

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

1. Approval by the Board of Selectmen.
2. The Applicant's entering into a Covenant with the Town of Milford to protect the public benefit.

Therefore, the Applicant and/or property owner shall not commence any of the improvements included in this application until such time as he/she has secured the above. This prohibition shall include any demolition to an existing structure.

**Affidavit**

I/we have read and understand the RSA 79-E, Community Revitalization Tax Relief Incentive and the March 11, 2017 Town vote 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 grant a covenant in the deed to the property to the Town and pay all reasonable expenses associated with the drafting/recording of the covenant. The undersigned hereby certifies the foregoing information is true and correct;

Signature	(printed name)	Date
Signature	(printed name)	Date
Signature	(printed name)	Date
Signature	(printed name)	Date
Signature	(printed name)	Date