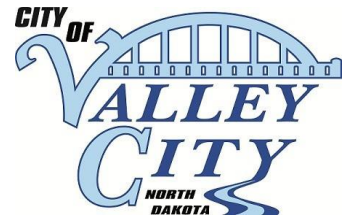


Renaissance Zone Project Application



To receive Division of Community Services' (DCS) approval on zone projects, the following information must be submitted to DCS.

1. Type of project Business <input type="checkbox"/> Residential <input type="checkbox"/>		
3. Applicant Information Name of applicant(s) or business name		
If business, type of entity (Provide a copy of the Certificate of Good Standing from Tax Department)		
Address and renaissance zone block number as it appears in the development plan property listings.		
Address	City	Renaissance Zone Block
4. For residential projects provide evidence that the home purchased is the taxpayer's primary residence.		
5. Project Type a. Purchase (to include new construction) <input type="checkbox"/> b. Purchase with major improvements <input type="checkbox"/> c. Lease <input type="checkbox"/> i. What type of lease? New <input type="checkbox"/> Expansion <input type="checkbox"/> Continuation of a Lease <input type="checkbox"/> Leasehold Improvement <input type="checkbox"/> If this an expansion, what is the additional square feet of the expansion? _____ ii. If it is a lease project, does it involve the relocation of a business from one location in the city to the Renaissance Zone or from one zone property to another zone property? Yes <input type="checkbox"/> No <input type="checkbox"/> d. Rehabilitation i. Commercial 50% or more of the true and full value <input type="checkbox"/> Or ii. Residential 20% of the true and full value <input type="checkbox"/> iii. Current true and full value \$ _____		

v. For rehabilitation projects, provide a description of the work and the estimated costs.

	Work to be done	Estimated Cost

vi. What is the term (in months) sought for benefits related to this project? _____

6. Does this project involve historical preservation or renovation? Yes No

a. For projects that involve historical preservation or renovation, but are not part of a rehabilitation project, provide a description of the work and the estimated costs. **A letter of approval from the Historical Society is required to claim any historical tax credits either on a rehabilitation project or renovation.**

b. Information for historical properties may be obtained by contacting the Historical Society at (701) 328- 2666.

7. For projects other than the purchase (includes new construction) or rehabilitation of a single-family home and historical preservation and renovation, describe how the overall benefit(s) of the project to the community meets or exceeds the financial and tax benefit to the businesses or investor.

8. Provide the estimated state and local tax benefit to the taxpayer for five years (applies to all projects).

Total State tax benefit for five years \$ _____

Total Property tax benefit for five years \$ _____

Total Non-participating ownertax credit \$ _____

9. Zone Authority and City Documentation:

Date of approval or conditional approval _____

Provide a copy of minutes or other supporting documentation that indicates the formal approval by the approving entity.

10. Identify from the Development Plan the specific criteria used to approve the project

11. Evidence that the taxpayer is current on state taxes. **(Taxpayers can contact the Office of State Tax Commissioner to receive a Certificate of Good Standing. This request must indicate that it is for a Renaissance Zone Project.)** See Appendix E.

Letter of Good Standing Attached? Yes No

12. Expected date of occupancy or project completion _____

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

If after a project is approved and the property changes hands or a replacement project is approved during the five-year exemption period, the DCS does not need to approve 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 tax would affect the exemption approved.

Once the project is completed, DCS must be informed by email, Fax or letter of the exact date of completion, and project number before the final letter of approval can be issued.

On historical Renovations/rehabilitations documentation from the Historical Society approving the final restorations must be submitted to DCS prior a final letter of approval can be issued.

Printed Name	Title
Signature	Date

Project # _____

Block # _____

Parcel # _____

Guidelines & Additional Information

The Renaissance Zone Board requires application and approval **before you begin a new project** (including new construction, rehabilitation or closing) by both the Renaissance Zone Board and the City Commission. **Approval may take up to 4 weeks.** Your attendance at the Renaissance Zone Board meeting and the City Commission meeting is expected.

Renaissance Zone exemptions begin the year following project completion. There is no exemption on partially completed construction. Property will be taxed on the percentage of construction completed by the 1st of February for the year(s) prior to completion. Property tax exemption begins after the certified construction costs are approved.

For more information about the Renaissance Zone Program, see Goals of the Valley City Renaissance Zone (Form B) and Guidelines for Project Approval (Form C).

Submit the application and the following paperwork to City Hall:

- Certificate of Good Standing from ND Tax Department
- Signed letter from Building/Fire Inspector (enclosed)
- Property Tax Worksheet (enclosed)

Current use and zoning of property _____

Will the property need to be rezoned? Yes No

Attach Plans.

Provide documentation that the project costs meets the city's minimum guidelines for project approval (see Form C).

Applicant Contact Information:

Name _____

Contact Number _____

Email _____

Mailing Address _____

Property Tax Worksheet

Dwelling Value only - exclude Land Value

	Residential	Commercial
True and full value of property (exclude land value) (see City Assessor or property tax statement)		
Multiply by 50%	50%	50%
Assessed Value:.....	\$ -	\$ -
For commercial property multiply by 10% For residential property multiply by 9%	9%	10%
Taxable Value:.....	\$ -	\$ -
Multiply taxable value times the mill levy/1000	0.32744	0.32744
Property Tax:.....	\$ -	\$ -



Date: _____
TO: Valley City Renaissance Zone Authority Board
PROJECT: _____

The Renaissance Zone applicant agrees to provide this form and preliminary construction document information to the Building Inspector for review as a prior requirement to presenting your project before the Renaissance Zone Authority Board and receiving a building permit. This necessary construction document information may include site plan(s) or supporting site information, floor plans, exterior elevation, interior elevations, building sections, construction details and specifications, and any engineering or industry certifications. The Renaissance Zone applicant also agrees to contact the Building Inspector for all required inspections, which will be listed on the back of the building permit, and to make any necessary changes to the project's construction if the building official finds building code infraction(s) during said inspections. The Renaissance Zone applicant understands that the City of Valley City does not certify, warranty or guarantee the code compliance of any construction, building design, acceptable occupancy or any consequences that may arise due to the interaction of any materials, products, construction processes and/or project design.

I have read, understand and agree to the above,

Signature of Renaissance Zone Applicant

Printed Name of Renaissance Zone Applicant

Signature of Building/Fire Inspector

Building/Fire Inspector Information
Building/Fire Inspector
220 3rd St NE, Valley City, ND 58072
(701) 845-1700



REQUEST FOR RENAISSANCE ZONE CERTIFICATE OF GOOD STANDING OR STATE TAX CLEARANCE RECORD

OFFICE OF STATE TAX COMMISSIONER
SFN 28220 (8-2023)

<p>Tax Department Use Only</p> <p><input type="radio"/> Approved</p> <p><input type="radio"/> Not approved</p>

Part 1 - Type of request

This is a request for a: (Fill in applicable circle)

A. Renaissance zone certificate of good standing (N.D.C.C. §§ 40-63-11 and 57-01-15.1)
Fill in this circle if you need a certificate of good standing because you are applying for an income or property tax exemption or income tax credit under the Renaissance Zone Program.

B. Non-renaissance zone property tax exemption state tax clearance record (N.D.C.C. § 57-01-15.1)
Fill in this circle if applying for one of the following property tax exemptions. Also check the exemption being claimed.

New or expanding business property tax exemption under N.D.C.C. Ch. 40-57.1.

Development or renewal area property tax exemption (tax increment financing) under N.D.C.C. Ch. 40-58.

Part 2 - Taxpayer information

Legal Name of Taxpayer (If a sole proprietorship, enter name of individual who owns the business.) One applicant per request.			
Trade or Doing Business as Name, if Different from Legal Name Above			
Current Mailing Address	City	State	ZIP Code
Type of Entity	6. <input type="radio"/> Limited Liability Company (Filing as a Partnership) 7. <input type="radio"/> Limited Liability Company (Filing as an S Corporation) 8. <input type="radio"/> Limited Liability Company (Treated as a Disregarded Entity) - Identify Owner Below: Owner's Name: _____ Owner's Social Security Number or FEIN: _____ 9. <input type="radio"/> Other (Identify) _____		
1. <input type="radio"/> Individual (or Sole Proprietorship)			
2. <input type="radio"/> Regular (C) Corporation			
3. <input type="radio"/> Partnership (All Types)			
4. <input type="radio"/> Subchapter S Corporation			
5. <input type="radio"/> Estate or Trust			
Important: Except for an individual (or sole proprietorship), all taxpayers must complete Part 3 on page 2.			
Social Security Number (Individual or Owner of Sole Proprietorship)	FEIN (If a Sole Proprietorship, Enter FEIN if it has one)		
Is taxpayer a newly created business this year? <input type="radio"/> Yes <input type="radio"/> No			
If taxpayer is a business, what is the principal business activity? _____			
Did taxpayer file a North Dakota income tax return for the most recent tax year? <input type="radio"/> Yes <input type="radio"/> No (If a newly created business this year, skip this question.)			
If no, explain _____			
Does (or will) taxpayer sell tangible personal property or services for which North Dakota sales tax must be collected from the customer? <input type="radio"/> Yes <input type="radio"/> No			
If yes, has taxpayer applied for or obtained a North Dakota sales tax permit? <input type="radio"/> Yes <input type="radio"/> No			
If no, explain _____			
Does (or will) taxpayer have employees whose wages are subject to North Dakota income tax withholding? <input type="radio"/> Yes <input type="radio"/> No			
If yes, has taxpayer registered for North Dakota income tax withholding? <input type="radio"/> Yes <input type="radio"/> No			
If no, explain _____			
Taxpayer's Signature		Date	
Printed Name of Taxpayer		Contact Telephone Number	

Mail request to: Individual Income Tax Section
Office of State Tax Commissioner
600 E. Boulevard Ave.
Bismarck ND 58505-0599

Email request to: individualtax@nd.gov
Fax request to: 701-328-1942

Important: The renaissance zone certificate of good standing or state tax clearance record will only be sent to the taxpayer or to the taxpayer's designated representative shown on a North Dakota Form 500 attached to this form.

**Request for Renaissance Zone Certificate of Good Standing or
State Tax Clearance Record**

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Part 3 - Responsible Person Information

Except for an individual or sole proprietorship (Part 2, Box 1), all taxpayers must complete Part 3. Enter the name and social security number of any officer, partner, governor, or managing member who is responsible for the taxpayer's tax obligations. If there is more than one responsible person, include all of them.

Name of Responsible Person	Social Security Number

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15 and 57-38-42, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.