



City of Middletown Historical Structure Rehabilitation Tax Abatement Application

Instructions:

*Please carefully review and complete all pages of this application, and supplement your responses with additional pages, if necessary. Incomplete applications will **not** be considered. Additionally, to qualify for any tax incentive under Section 272-17 of the City's Ordinances, a minimum of **\$15,000** in qualified rehabilitation expenditures is required.*

I. Project Information:

1. Applicant Name:

2. Applicant Address:

3. Name of Business(if applicable):

4. Business Address(if applicable):

5. Address of Subject Property:

6. Please answer the following questions:

- a. Is the property in a Historical District designated pursuant to C.G.S. 7-147b as a contributing property to the Historical 'District? Yes No

- b. Is the property listed on the National Register of Historical Places? Yes No

- c. Is the property designated by the City of Middletown in consultation with the Greater Middletown Preservation Trust and Middlesex County Historical Society as a property of local significance? Yes No

- d. Do the taxes imposed on the Historic Property demonstrate they are a material factor threatening the continued existence of the Historic Property, necessitating either its demolition or remodeling in a manner which destroys its historical or architectural value if an abatement is not given? Yes No

If you answered "Yes" to any of the foregoing questions, please attach proof, financial and otherwise that the tax abatement is necessary for the project to be completed.

II. Project Requirements Checklist

- _____ The property must be a Historic Property as defined by Middletown Ordinance §272-17 B
- _____ The Owner must demonstrate the taxes imposed on the Historic Property are a material factor threatening the continued existence of the Historic Property, necessitating either its demolition or remodeling in a manner which destroys its historical or architectural value if an abatement is not given.
- _____ A minimum of \$15,000 in qualified rehabilitation expenditures must be incurred to qualify. Qualified rehabilitation expenditures are hard costs associated with the structural rehabilitation of the Historic Property itself; site improvements and non-construction costs are excluded.
- _____ The majority of the structural rehabilitation project must include work which preserves the historic fabric and/or character-defining features of the historic property.
- _____ The property owner shall demonstrate compliance with the United States Secretary of the Interior's Standards for Rehabilitation when developing a rehabilitation plan for a Historic Property.
- _____ The Owner, or any members, associates, or individuals who are a member or officer of the entity with which the Owner is associated, and any other entity with which the Owner may be associated shall not be delinquent in the payment of any taxes, charges, or assessments to the City of Middletown.

III. Parties Involved In Rehabilitation:

_____ Name: _____ Owner Other: _____

Company: _____

Address: _____ State: _____ Zip code _____

Phone: _____ Email: _____

Name: _____ Owner Other: _____

Company: _____

Address: _____ State: _____ Zip code _____

Phone: _____ Email: _____

Name: _____ Owner Other: _____

Company: _____

Address: _____ State: _____ Zip code _____

Phone: _____ Email: _____

Please attach a separate sheet if there are more Parties Involved.

IV. Proposed Project Type (*Select all that apply*):

- Office Use;
- Retail Use;
- Permanent Residential Use;
- Transient Residential Use;
- Low and Moderate Income Housing;
- Mixed-use development, as defined in Connecticut General Statutes Section 8-13m.

V. Project Details:

Please attach a description of the project and an explanation of why the tax abatement is necessary. The City reserves the right to request further information.

VI. Budget Details:

	<i>Estimated Cost*</i>	<i>Area</i>
Acquisition	\$ _____	_____ Acres _____ Sq. ft. of existing buildings
New construction	\$ _____	_____ Sq. ft. of new buildings
Rehabilitation	\$ _____	_____ Sq. ft. of existing buildings
Equipment	\$ _____	
Personal Property	\$ _____	
Total	\$ _____	

** Please submit 3rd Party Supporting Documentation demonstrating the costs detailed above (e.g. engineering estimates, bank documents, building plans, etc.)*

Owner Estimate of the Value of the Structure Upon Completion: \$ _____

Residential Units Existing _____ Proposed New _____ Proposed Rehab _____

VII. Required Submittals:

- 1 Digital submission of the application to:
joseph.samolis@middletownct.gov
- 1 Paper copy of the application submitted to:
Director of Planning Conservation and Development, City of Middletown,
245 DeKoven Dr, Rm 202, Middletown, CT 06457
- 1 Paper copy of the application submitted to:
Mayor's Office, City of Middletown,
245 DeKoven Dr, Rm 209, Middletown, CT 06457

VIII. Certifications:

1. I represent and certify that to my best knowledge and belief, the information contained herein and attached hereto is accurate and correct and truly descriptive of the project, the applicant, and the subject property.
2. I certified that I am familiar with the program guidelines and to the my best knowledge and belief, I have complied or will be able to comply with all requirements hereof.
3. I further understand and certify that:
 - a. The approval of any benefits or incentives applied for in this application are at the sole discretion of the City of Middletown in accordance with the applicable Connecticut General Statutes and applicable Middletown Code of Ordinances.
 - b. Any tax abatement authorized and approved in accordance with City Ordinance 272-17 does not take effect until the October 1 after the signing of the tax abatement agreement.
 - c. Any incentive granted by the City may be immediately revoked if it is discovered that the applicant misrepresented any information to the City in the application or anytime during the approval process.
 - d. If the approval of any benefits requires approval by the State of Connecticut, the City of Middletown will, to the extent practical, assist in the State application process.
4. I certify that as of the date of the application, all parties seeking a benefit from the City of Middletown are not delinquent in any tax or assessment to the City of Middletown.

By: _____
(Print Name)

(Signature)

Title: _____

Date: _____

IX. Departmental Reviews (to be completed by staff):

1. Department Planning, Conservation and Development

Complete Application Received: Yes No

If no, please state what additional documents are required?

Signature: _____

Date: _____

2. Tax Assessor's Office

Complete Application Received: Yes No

If no, please state what additional documents are required?

Signature: _____

Date: _____

3. Tax Collector's Office

All Parties Current on Taxes: Yes No

If 'No' please attach details, including the parties responsible and the amounts of delinquent taxes.

All Parties Current on City Assessments: Yes No

If 'No' please attach details, including the parties responsible and the amounts of delinquent assessments.

Signature: _____

Date: _____

4. Chief Building Official

Estimated Building Fee*: \$ _____

* Good-faith estimate based on representations in application

Signature: _____

Date: _____

5. Finance Department's Office

Acknowledgment of potential abatement for future financial impacts.

Signature: _____

Date: _____