

City of Bismarck
Community Development Department
Planning Division
Phone: 701-355-1840 \* FAX: 701-222-6450 \* TDD: 711
PO Box 5503 \* Bismarck, ND 58506-5503
planning@bismarcknd.gov

# RENAISSANCE ZONE PROJECT APPLICATION

Last Revised 11/29/2019

NOTE: ALL FUNDING REQUESTS MUST BE APPROVED BEFORE A QUALIFYING EVENT OCCURS (REHABILITATION, OCCUPATION, ETC.)							
Application submitted for (check	k all that apply	):					
☐ New Construction			☐ Commercial Lease				
☐ Purchase with Major Improvements			☐ Primary Residential Purchase				
☐ Rehabilitation							
APPLICANT							
Name:							
Mailing Address:							
CONTACT PERSON (IF DIFF	ERENT THAN	APPLICANT)					
Name:		·					
Mailing Address:							
PARCEL INFORMATION							
Street Address:							
Legal description: (Lot, Block, Addition)							
Current Property Owner: (if different than applicant)							
Current Use of Property:							
Is this property within the DC - Downtown Design Review app			nge zoning districts, requiring	☐ Yes	□No		
Is this property listed on or a contributing structure to the National Register of Historic Places?			gister of Historic Places?	☐ Yes	□ No		
Do you intend to apply for a Historic Preservation Tax Credit in conjunction with this project?			☐ Yes	□ No			
PROJECT INFORMATION							
Total Project Cost (Qualified capital improvements)							
Anticipated Use Upon Compl	etion:						
Estimated Start Date:		E	stimated Occupancy Date:				
Estimated Property Tax Bene (Over five year exemption period)	fit:	E-	stimated State Income Tax Benefit: (Over five year exemption period)				
Current Employees (Full-time equivalent):		A	nticipated Employees (Full-time equivalent):				

Complete project description including all pro			PROJECT DESCRIPTION				
modifications, additions, and/or removals. In elements and landscaping proposed with the	nclude a full list of						
COMMUNITY BENEFIT			21				
Describe how completion of the project will m Renaissance Zone Development Plan goals an							
ADDITIONAL PROJECT INFORMATIO	)N						
ADDITIONAL PROJECT INFORMATIC	DN						
ADDITIONAL PROJECT INFORMATION  New Construction/Rehabilitation/Purch		ovements Only					
		Estimated Building Value Upo (taxable improvement value)	on Completion:				
New Construction/Rehabilitation/Purch		Estimated Building Value Upo					
New Construction/Rehabilitation/Purch Current Building Value: (taxable improvement value)		Estimated Building Value Upo (taxable improvement value)					
New Construction/Rehabilitation/Purch Current Building Value: (taxable improvement value)  Building Area Upon Completion (SF):		Estimated Building Value Upo (taxable improvement value)					
New Construction/Rehabilitation/Purch Current Building Value: (taxable improvement value)  Building Area Upon Completion (SF):  Commercial Lease Only		Estimated Building Value Upo (taxable improvement value)					
New Construction/Rehabilitation/Purch Current Building Value: (taxable improvement value)  Building Area Upon Completion (SF):  Commercial Lease Only  Lease Area Upon Completion (SF):  Type of Business  New Business moving Exp to Bismarck mov		Estimated Building Value Upo (taxable improvement value)		oilitated as a			
New Construction/Rehabilitation/Purch  Current Building Value: (taxable improvement value)  Building Area Upon Completion (SF):  Commercial Lease Only  Lease Area Upon Completion (SF):  Type of Business  New Business moving Exp to Bismarck mov	anding Business	Estimated Building Value Upon (taxable improvement value)  Number of Stories Upon Com  Existing Business Expanding within Bismarck Renaissance	Continuation o	oilitated as a			

## **CONFIDENTIAL INFORMATION**

This application is an open record under NDCC 44-04 and will be available to the public for review. Telephone numbers and e-mail that are provided to the Community Development Department for the purpose of communicating with an applicant are exempt from this requirement and are considered to be confidential/non-public information.

APPLICANT		
Name:		
Daytime Phone Number:	E-mail:	
DRODERTY OWNER /IF DIFFERENT TH	AN ADDUCANT	
PROPERTY OWNER (IF DIFFERENT THA	AN APPLICANI):	
Name:		
Daytime Phone Number:	E-mail:	
CONTACT PERSON/AGENT (IF DIFFER	RENT THAN APPLICANT/PROPERTY OWNER):	
Name:		
Daytime Phone Number:	E-mail:	
	·	

#### **APPLICATION DEADLINES:**

The Renaissance Zone Authority regularly meets on <u>the Second Thursday of each month</u> at 4:00 pm in the in the David J. Blackstead Meeting Room, City-County Office Building, 221 North 5th Street, Bismarck, North Dakota. For consideration during a monthly meeting:

• Renaissance Zone applications are due by 5:00 pm on the Monday that is 24 calendar days prior to that meeting.

#### **REQUIREMENTS, POLICIES, AND GUIDELINES:**

The Renaissance Zone is administered according to the following written documents, each of which are available on the City of Bismarck website. Links are provided on digital versions of this application.

## • Renaissance Zone Designation

- O City of Bismarck Renaissance Zone Development Plan
- North Dakota Renaissance Zone Program Guidelines
- o Both documents are summarized in the Renaissance Zone Program Information Guide.

Renaissance Zone projects may also require Downtown Design Review approval. Requirements and guidelines are available here:

## Downtown Design Review

- <u>City of Bismarck Code of Ordinances Title 14</u> (includes hyperlinks in the Table of Contents):
  - Section 14-04-21.1 (Downtown Core)
  - Section 14-04-21.2 (Downtown Fringe)
- <u>City of Bismarck Code of Ordinances Title 4</u> (includes hyperlinks in the Table of Contents)
  - Section 4-04-09 (Relating to Downtown Signs)
- 2015 Downtown Design Guidelines

#### **CERTIFICATION:**

Applicant certifies that, to the best of his/her knowledge and belief, the information contained in the application and attached hereto is true and correct. Applicant certifies that he/she has satisfied all state and local tax obligations and tax liens of record for taxes owed to North Dakota or a political subdivision, as required by NDCC § 54-35-26. Applicant also certifies that he/she understands all written requirements, policies, and guidelines of the City of Bismarck and the State of North Dakota governing the Renaissance Zone program:

(Applicant's Signature)	(Printed Name)	(Date)
If the property owner(s) and applicant are differ application and consents to its submission:	ent, the property owner	r certifies that he/she has full knowledge of this
(Property Owner's Signature, if different)	(Printed Name)	(Date)
(Additional Property Owner's Signature, if appli	cable) (Printed Name)	(Date)

### THE FOLLOWING CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH THE APPLICATION FORM:

# Applying for: Submitted N/A □ Renaissance Zone Application fee of \$150.00 П **Designation** Current photos of property, relevant to project scope: Certificate of Good Standing from the Office of the State Tax Commissioner Business Incentive Agreement from the Department of Commerce for all non-residential projects Exterior Building Condition Assessment form for rehabilitation/improvement projects Submitted N/A ☐ Downtown Design Scaled and dimensioned site plan, showing: Review building location and adjacent structures New Construction, off-street parking Rehabilitation, or driveways and curb cuts Purchase with Improvements only landscaping streetscape elements including street lights, benches, any other site elements relevant to the ordinance or guidelines. Building elevations clearly defined for all sides visible from a public right of way, showing: exterior building material(s) and color(s) locations of windows and doors location of finished floor levels any projections from the building face (e.g. cornices, eaves, canopies, signs, etc.) the locations of any mechanical, electrical, or utilityrelated equipment and any proposed screening thereof any other building elements relevant to the ordinance or guidelines.

Samples of proposed materials