

City of Washburn
Renaissance Zone Project Checklist

Proposed Renaissance Zone projects must be submitted to and approved by the City prior to the start of renovation or construction. The Project must also be reviewed by the ND Department of Commerce-Division of Community Services. The estimated time for all approvals and reviews is 2 to 3 months. You will need to obtain the following is a list of documents and information in order to have your project approved.

1. City of Washburn Renaissance Zone project application (available at city offices)
2. Legal description and street address of property (City and Economic Development Director's office can assist)
3. Current zoning status of property (City and Economic Development Director's office can assist)
4. Floor plan of building — post construction or renovation
5. Estimate of total construction, renovation or acquisition costs
6. Estimated annual property tax to be exempted (McLean County Assessor)
7. Estimated annual state income tax to be exempted (prior state income tax returns)
8. Certificate of Good Standing letter from North Dakota Tax Commissioner
9. Proof that local property taxes have been paid (McLean County Treasurer)
10. Review of building plans by City of Washburn and letter regarding code compliance
11. Approval of City of Washburn Renaissance Zone project application by City Council

**City of Washburn
Renaissance Zone Project Application**

Proposed Renaissance Zone projects must be submitted to the Washburn Zone Authority and approved by the City prior to the start of renovation or construction. The Project must also be reviewed by the North Dakota Department of Commerce-Division of Community Services. The estimated time for all approvals and reviews is 2 to 3 months. Please submit a project proposal that addresses ALL of the following checklist items. Your initial application will be reviewed to confirm that all checklist items have been addressed.

Federal law may require this construction project to conform to the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities.

Name of Applicant _____

Legal Description of project _____

Street Address of project _____

Name of current property owners: _____

Name of applicant with current phone, address and description of business entity (i.e. Partnership, Corporation, Sub-chapter S Corp. Cooperative, Sole Proprietor, LLC, or Limited Liability Partnership)

Name _____ Phone _____

Address _____

Business Entity _____

Social Security or Federal Tax ID number: _____

Is the applicant subject to financial institution or ND gross premiums tax? Yes _____ No _____

Current zoning A-1 R-1 R-2 R-3 RR-1 RR-2 C-1 I-1

Will the property need to be rezoned? Yes _____ No _____

Zone change A-1 R-1 R-2 R-3 RR-1 RR-2 C-1 I-1

Square footage of the lot and of the building - each floor should be listed separately:

Lot Size: _____

Building: Floor _____ Square Footage _____

Describe the impact this project has on any historical properties. If requesting a historic tax credit provide a 'letter of clearance' or other documentation from State Historical Society for improvements made to a historical building or structure:

Identify type of investment (check one that applies):

- New construction
- Purchase of Building only
- Rehabilitation of Existing Building (Remodel or Rehabilitation)
- Lease of Building with Rehabilitation of Existing Building by Owner or Lessee
- Investment in Building and Rehabilitation of Existing Building

Date of acquisition (purchase or lease) of property or proposed acquisition and/or renovation completion date.

Purchase or Lease Date: _____ Estimated date to complete construction/renovation: _____

Describe scope of work including a detailed cost estimate of capital improvements and work to be completed.

Describe the extent of the exterior renovation and/or property improvements - include site and/or building plans or renderings or floor plan. _____

Joseph Becker
Office of State Tax Commissioner
600 East Boulevard Avenue, Dept. 127
Bismarck, ND 58505-0599

Fax Number - (701) 328-1942

RE: ND Renaissance Zone Program

Dear Mr. Becker,

1. Please consider this as a "Request for a certificate of good standing for the purpose of N.D.C.C. 40-63, Renaissance Zones."
2. Applicant Name: _____
Business Name: _____
3. Type of Tax Entity: _____
4. Mailing Address - Owner _____
Mailing Address - Business: _____
5. Social Security Number or Federal ID Number _____
6. If this is a Business, is it Preexisting or Newly Created _____
7. Principal Business Activity _____
8. Provide Name, Mailing Address and Social Security Number or Federal Id Number for each of the entity's owners: _____

9. Are you subject to ND's sales tax law? _____
If yes, have you obtained a ND sales tax permit? _____
10. Are you subject to ND's income tax withholding law? _____
If yes, have you registered for ND income tax withholding? _____
11. Signature _____