

# RSA 79E

## Community Revitalization Tax Relief Incentive FAQs

79-E is a temporary tax relief program to encourage the rehabilitation & use of under-utilized buildings in downtown areas

### Substantial Rehabilitation

- Costs for rehab of a qualifying structure must be  $\geq$  \$75,000

**OR**

### Replacement of Existing Building

- Removal of a qualifying structure & new construction on the same lot where the costs are  $\geq$  \$75,000
  - ✓ The existing structure must not have significant historical, cultural or architectural value
  - ✓ The public benefit of replacement must exceed that of rehab.



### What structures qualify?

- Existing buildings in the Keene Community Revitalization Tax Relief Incentive (NH RSA 79-E) District (see map on back)

### What Projects are Eligible?

#### Demonstration of Public Benefit\*

- Enhances downtown economic vitality
- Improves a culturally or historically important structure
- Promotes the preservation & reuse of the existing building stock
- Promotes efficient design, safety & greater sense of community consistent w/ the Comprehensive Master Plan
- Creates at least 1 new, full time job
- Directly integrates public art
- Achieves a nationally recognized green building standard
- Maintains or returns a residential building to owner occupancy
- Increases energy sustainability through reduced carbon emissions and/or an improved Home Energy Score

\*Must demonstrate at least 1 of the above benefits

### What is the process for seeking relief?

- 1) Owner submits an application to City
- 2) City staff review the application for completeness
- 3) Once complete, the City Council holds a public hearing on the application w/in 60 days of completeness
- 4) City Council votes whether or not to grant the relief & determine its duration w/in 45 days of the public hearing
- 5) If approved, the Owner records a covenant to ensure the public benefit is preserved

### How long is the tax relief period?

- Up to 5 years for rehab or replacement as determined by City Council
- Tax relief is at a pre-rehabilitation assessed value and begins after work is completed
- Projects that provide 3+ public benefits may be considered for a longer relief period

#### For more information:

Contact: Community Development Department  
4<sup>th</sup> Floor City Hall, 3 Washington St. Keene, NH  
p: (603) 352-5440  
<https://ci.keene.nh.us/community-development>



**City of Keene**  
New Hampshire



# Community Revitalization Tax Relief Incentive (RSA 79-E)

**KEENE**  
NEW HAMPSHIRE



## APPLICATION FORM

Contact throughout the application process will be made with the Applicant listed below. The property owner or a designated agent may act as the Applicant.

Property Owner:	Applicant (if different from owner):
Print Name: _____	Print Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Email: _____	Phone: _____ Email: _____

### Building Information:

Building Name (If Any): \_\_\_\_\_

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

Tax Map Lot #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Cheshire County Registry of Deeds Book #: \_\_\_\_\_ Page#: \_\_\_\_\_

Gross Square Footage of Building: \_\_\_\_\_ Year Built: \_\_\_\_\_

Is the building eligible for listing or listed individually on the National or State Register of Historic Places or located within a locally designated, State or National Historic District? No: \_\_\_\_\_ Yes\*: \_\_\_\_\_

*\*If yes, provide a copy of the approved designation by the National or State Register of the building or the district*

Does the property currently have any credit or exemption from real estate tax assessment? No: \_\_\_\_\_ Yes\*: \_\_\_\_\_ \*If yes, please describe:

**Continue** →

**Return this completed application to:**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
3 Washington St, 4<sup>th</sup> Floor  
Keene, NH 03431  
Phone: (603) 352-5440

### OFFICE USE ONLY

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Complete: \_\_\_\_\_

**Project Information:**

Describe Existing Uses *(include detail on the current uses of the building/site, number of units by type and size, number of employees, etc.):*

Describe Proposed Uses *(include detail on proposed use of the building/site, number of units by type and size, number of employees, etc.):*

Is a change of use associated with this project? No: \_\_\_\_\_ Yes\*: \_\_\_\_\_  
\*If yes, please describe:

Will any state or federal grants or funds be used to finance the rehabilitation or construction? No: \_\_\_\_\_ Yes\*: \_\_\_\_\_

\*If yes, what is the amount of the aid?

*Note: Rehabilitation or construction subsidized by state or federal grants or funds that do not need to be repaid totaling more than 50% of construction costs from state or federal programs are not eligible for 79-E tax relief.*

**Does the project involve the replacement of an existing structure?** No: \_\_\_\_\_ Yes\*: \_\_\_\_\_

\*If yes, following materials shall be submitted with this application:

- A New Hampshire Division of Historical Resources individual resource inventory form, prepared by a qualified architectural historian.
- A letter from the Keene Heritage Commission that identifies any and all historical, cultural and architectural value of the structure(s) that are proposed to be replaced and the property on which those structures are located.

*Note: This application shall not be deemed 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 letter from the Heritage Commission, as well as all other required information, have been submitted, if required.*



**Describe the work to be done and estimated cost** (Attach additional sheets if necessary)

1. Attach a copy of a contract, contractor estimates, or itemized list of materials
2. Attach a project narrative, building plans or sketches, renderings or photographs to help explain the proposed rehabilitation or construction.

<b>Structural:</b>	\$
<b>Exterior Alterations (storefront, walls, windows, doors, etc.):</b>	\$
<b>Interior Alterations (walls, ceilings, moldings, doors, etc.):</b>	\$
<b>Electrical:</b>	\$
<b>Plumbing/Heating:</b>	\$
<b>Mechanical:</b>	\$
<b>Energy Efficiency:</b>	\$
<b>Other:</b>	\$
<b>TOTAL ESTIMATED PROJECT COST:</b> <i>Note: To be considered for this tax relief incentive, the project costs must be \$75,000 or greater.</i>	\$

**Expected Project Start Date:**

**Expected project completion date:**

\_\_\_\_\_

\_\_\_\_\_

**Public Benefit (Attach additional sheets if necessary)**

*In order to qualify for tax relief under this program, the proposed work must provide at least one of the public benefits listed below. Greater consideration will be given to projects that provide three or more public benefits. 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 structure.*

Enhances the economic vitality of downtown areas. No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Enhances & improves a structure that is culturally or historically important on a local, regional, state, or national level, either independently or within the context of an historic district, town center, or village center in which the building is located. No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Promotes the preservation and reuse of existing building stock by the rehabilitation of historic structures, in accordance with energy efficiency guidelines established by the U.S. Secretary of the Interior's Standards for Rehabilitation. No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Promotes efficient design, safety, and a greater sense of community in a manner consistent with the Keene Comprehensive Master Plan. No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Will add to the City's employment base by creating at least one new, full-time job in Keene's downtown area. No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Directly supports the integration of public art in the downtown. No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Promotes development of a sustainable building stock in the downtown that achieves a nationally or internationally recognized green building standard (e.g. LEED, Green Globes, National Green Building Standard, and International Green Construction Code). No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Maintains owner occupancy of a residential building or it returns a residential building to owner occupancy. No: ___ Yes*: ___ <b>*If yes, please describe:</b>
Results in an increase in energy sustainability in conformance with the City adopted greenhouse gas initiatives as determined by a home energy score of at least six (6), and demonstrated carbon emission reduction of at least 10%. No: ___ Yes* :___ <b>*If yes, please describe:</b>

**Affidavit**

I (we) hereby submit this application under the Community Revitalization Tax Relief Incentive Statue (NH RSA 79-E) and attest that to the best of my (our) knowledge all of the information herein and in the accompanying materials is true and accurate.

I (we) have reviewed the statute and Resolution R-2017-41 (see attached) and understand that:

- a) This application will be reviewed for completeness;
- b) There will be a public hearing to evaluate the merits of this application;
- c) If this application is approved by City Council, I (we) will need to enter into a covenant with the City; and
- d) I (we) may be required to pay reasonable expenses associated with the creation of the covenant.

I (we) understand this application will not be determined as complete and recommended to the City Council until all of the necessary information is provided.

**IMPORTANT:**

Per RSA 79-E:13, the base or “original” assessed value for any tax relief period is set only after the following two conditions are met:

- 1. Approval by City Council; and
- 2. The Applicant has entered into a covenant with the City of Keene to protect the public benefit.

Tax relief granted will pertain only to assessment increases attributable to the substantial rehabilitation or replacement performed under the conditions approved by the City Council and not to those increases attributable to other factors including but not limited to market forces.

\_\_\_\_\_  
APPLICANT                      (signed)                                      (name printed)                                      (date)

\_\_\_\_\_  
OWNER                                      (signed)                                      (name printed)                                      (date)

**NOTE:** Owner must sign this Affidavit, if Owner is not the Applicant