

Remodeling Exemption (N.D.C.C. § 57-02.2)

- **Improvements To Commercial Properties And Residential Properties 25 Years Old & Older Are Eligible**
 - Improvement means renovation, remodeling, alteration, and, in some cases, additions to existing buildings.
 - Replacement of an existing building is NOT considered an improvement.

- **Exemption Applies Only To The Assessment Value Added Due To The Qualifying Improvement**
 - Value exempted is the difference between the improved value and the value prior to the start of the improvement, **including any demolition**. We will consider the “before” value prior to any demolition.

- **No Exemption Will Be Granted For Value Replaced After A Reduction For Fire, Flood, Tornado, Or Natural Disaster**

- **Abatement Procedure Is Available If The Exemption Is Applied For After The Improvement Has Been Made**

- **Exemption Remains With The Property Upon Ownership Transfer**

- **Upon Completion, Please Return Form To The City of Fargo Assessment Department.**

**Application For Property Tax Exemption For Improvements
To Commercial And Residential Buildings**

N.D.C.C. ch. 57-02.2

(File with the city assessor or county director of tax equalization)

Property Identification

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|--|
| 1. Legal description of the property for which exemption is claimed _____ _____ |
| 2. Address of Property _____ |
| 3. Parcel Number _____ |
| 4. Name of Property Owner _____ Phone No. _____ |
| 5. Mailing Address of Property Owner _____ |

Description Of Improvements For Exemption

| | |
|--|--|
| 6. Describe type of renovating, remodeling, alteration or addition made to the building for which exemption is claimed (attach additional sheets if necessary). _____ _____ | |
| 7. Building permit No. _____ | 8. Year built (residential property) _____ |
| 9. Date of commencement of making the improvements _____ | |
| 10. Estimated market value of property before the improvements | \$ _____ |
| 11. Cost of making the improvement (all labor, material and overhead) | \$ _____ |
| 12. Estimated market value of property after the improvements | \$ _____ |

Applicant's Certification And Signature

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|--|------------|
| 13. I certify that the information contained in this application is correct to the best of my knowledge. | |
| Applicant _____ | Date _____ |

Assessor's Determination And Signature

| | |
|--|------------|
| 14. The assessor/county director of tax equalization finds that the improvements described in this application do <input type="checkbox"/> do not <input type="checkbox"/> meet the qualifications for exemption for the following reason(s): _____ _____ | |
| Assessor/Director of Tax Equalization _____ | Date _____ |

Action Of Governing Body

| | |
|---|------------|
| 15. Action taken on this application by the governing board of the county or city: Approved <input type="checkbox"/> Denied <input type="checkbox"/> | |
| Approval is subject to the following conditions: _____ _____ | |
| Exemption is allowed for years 20____, 20____, 20____, 20____, 20____. | |
| Chairperson _____ | Date _____ |