

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

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

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