Planning & Development

Far MORE STOP

225 4th Street North Fargo, North Dakota 58102

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APPLICATION FOR RENAISSANCE ZONE PROJECT

Property owners, business owners, developers or investors interested in pursuing a Renaissance Zone project should review the 2019 RZ Plan. The RZ Plan delineates the current geographical boundaries of the program (only certain blocks within the downtown core are included) and provides additional detail on minimum investment requirements and applicable program goals and objectives that must be met.

Application submitted for (check all that apply): New Construction		Commercial Lease
Purchase with Major Improvements		Rehabilitation:
☐ Primary Residential Purchase		Block Addition
Property Owner Information		Contact Person Information (if different than owner)
Name (<i>printed</i>):		Name (<i>printed</i>):
Name (printed):		Address:
Address:		Address.
Address.		
Parcel Information		
Address:		
Unit Number:		
Renaissance Zone Block Number:		
Legal Description (attach separate sheet if mo	re space	e is needed):
Parcel Number:		
Is this property listed on or a contributing structu	ire to the	National Register of Historic Places? ☐ Yes ☐ No
Do you intend to apply for a Historic Preservation		
,		
Project Information		
Total Project Cost: (Qualified Capital Improvements)		
Current Use of Property:		
Anticipated Use Upon Completion:		
Expected Date of Purchase:		Expected Date of Occupancy:
Estimated Property Tax Benefit: (Over five year exemption period)		Estimated State Income Tax Benefit: (Over five year exemption period)
Current Employees: (Full-time equivalent)		Anticipated Employees: (Full-time equivalent)

Additional Project Information
•
New Construction/Rehabilitation/Purchase with Improvements Only
Current Building Value: Estimated Building Value Upon Completion: (Taxable Improvement Value)
Building Area Upon Completion (SF): Number of Stories Upon Completion:
Offipietion (3).
Commercial Lease Only
Lease Area Upon Completion (SF):
Type of Business:
☐ New business ☐ Expanding Business ☐ Existing Business ☐ Continuation of a lease moving from
moving to the Renaissance Zone
Residential Purchase Only
Will this be your primary place of Residency?:
Acknowledgement – We hereby acknowledge that we have familiarized ourselves with the rules and regulations to the preparation of this submittal and that the forgoing information is true and complete to the best of our knowledge.
Owner (Signature): Date:
Joint Owner (Signature): Date:
Representative (Signature): Date:

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 Planning and Development Department for the purpose of communicating with an applicant are exempt from this requirement and are considered to be confidential/non-public information.

This portion of the application must be completed, but it will be kept separate from the rest of the application and the contact information contained herein will not be available to the public for review.

Applicant	
Name:	
Daytime Phone Number:	Email:
Contact Person/Representative (If Different than Applicant)	
Name:	
Daytime Phone Number:	Email:

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

			Submitted	N/A
	Current photos of prope scope and proposed re- proposed project			
	Certificate of Good Star the State Tax Commiss			
Renaissance Zone Project	Business Incentive Agree Department of Commer residential projects			
	For residential purchase ownership and closing of			
	Goals and objectives as Fargo Renaissance Zor (Attachment A)			
APPLICATION DEADLINES: The Renaissance Zone Author Commission Chambers at 225 • Renaissance Zone	4th Street North, Fargo,		ation during a monthly	
	ninistered according to t	velopment Plan	ments, each of which	are available on the
CERTIFICATION: Applicant certifies that, to the attached hereto is true and coguidelines of the Fargo Rena use of the procedure or program	rrect. Applicant also cert issance Zone Authority,	tifies that he/she understa	ands all written require	ements, policies, and
(Applicant's Signature)		(Printed Name)		(Date)
If the property owner(s) and application and consents to its		he property owner certifi	ies that he/she has fu	ıll knowledge of this
(Applicant's Signature)		(Printed Name)		(Date)

(Printed Name)

(Applicant's Signature)

(Date)

Goals of the Fargo Renaissance Zone Plan

Is the proposed use of the project consistent with the RZ Plan? As noted in the Renaissance Zone Development Plan the desired land use will contribute to a number of goals:

1.	Grow as a Neighborhood. How will this project invest in housing to increase the population living Downtown and maintain Downtown's diversity?				
2.	Prosper as a Business Center. How will this project increase the number and type of jobs Downtown (or accessible from Downtown)?				
3.	Thrive as a Destination. How will this project create a unique Downtown experience with an activated riverfront and vibrant sidewalks and public spaces that serve as the backdrop to the community's social life?				
4.	Be a Model for Inclusive Growth and Development. How will this project protect Downtown's diversity and evolve as a model for equitable growth and development?				
5.	Complete our Streets. How will this project make complete streets common place and encourage trips by foot, bicycle, and bus, as well as car?				
6.	Park Smart. How will this project manage parking resources to meet the needs of drivers, while also making room for new development and activity?				

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