CITY OF LANGDON

COMMERCIAL
RENAISSANCE ZONE PROJECT APPLICATION

APPLICANT INFORMATION	
Name:	**Contact Information / Phone Number(s):**
Mailing Address:	**Federal EIN or SSN *(if sole proprietor)*:**
Business Name & Mailing Address *(if different)*:	**Have you received a Certificate of Good Standing from the ND State Tax Commissioner?** ☐ YES ☐ NO A copy must be attached to this application prior to submitting it for approval. See page 3 for information on obtaining certificate.
Type of Entity: ☐ **Partnership** ☐ **Corporation** ☐ **Sole Proprietorship** ☐ **Cooperative** ☐ **LLC** ☐ **LLP** ☐ **Subchapter S**	***Contact Tina Gustafson with questions on the following:*** **Est 5 year Property Tax Benefit:** **Est 5 year Income Tax Benefit:**

PROJECT INFORMATION	
Current Property Owner(s):	
Street Address:	
Legal Description of Property:	
Type of Investment: ☐ Purchase of Property ☐ Rehabilitation ☐ Lease ☐ New Construction ☐ Purchase requiring major improvements	**Current Use of Property:**

Brief Project Description AND Cost Estimate:

Expected date of purchase, lease, completion of rehab and/or historical preservation and renovation, and the exact date it occurs. For purchases with major improvements include the expected and final purchase date, the expected date of occupancy or first rental, and the final dates when they occur.

Expected: **Final:**

CERTIFICATION

Applicant certifies that, to the best of his/her knowledge and belief, the information contained in the application and attached hereto is true and correct. If the project is a single-family residence, applicant also certifies that the property is his/her primary place of residence.

_____ _____
Signature Date

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