



CITY OF LANGDON

RESIDENTIAL RENAISSANCE ZONE PROJECT APPLICATION

APPLICANT INFORMATION	
Name:	Contact Information / Phone Number(s):
Mailing Address:	Social Security Number:
<i>Contact Tina Gustafson with questions on the following:</i> Est 5 year Property Tax Benefit:	Have you received a Certificate of Good Standing from the ND State Tax Commissioner? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>A copy must be attached to this application prior to submitting it for approval. See page 3 for information on obtaining certificate.</small>

PROJECT INFORMATION	
Current Property Owner(s):	
Street Address:	
Legal Description of Property:	
Type of Investment: <input type="checkbox"/> Purchase of Property <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Lease <input type="checkbox"/> New Construction <input type="checkbox"/> Purchase requiring major improvements	Current Use of Property:

Brief Project Description AND Cost Estimate:
<p>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.</p> <p>Expected: _____ Final: _____</p>

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