



# Minot Renaissance Zone

## Planning Department

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Mailing Address: PO Box 5006

Minot, ND 58702

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Phone- (701) 857.4100

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### Applicant Information

Applicant(s) \_\_\_\_\_

Business \_\_\_\_\_

If Business, type of Entity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

### Project Location

Legal Description \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Renaissance Zone Block \_\_\_\_\_

Current Use of Property \_\_\_\_\_

### Project Description

Brief Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Square Footage Calculations

Lot \_\_\_\_\_ 3rd Floor \_\_\_\_\_

Building (Total) \_\_\_\_\_ 4th Floor \_\_\_\_\_

Basement \_\_\_\_\_ 5th Floor \_\_\_\_\_

1st Floor \_\_\_\_\_ 6th Floor \_\_\_\_\_

2nd Floor \_\_\_\_\_ 7th Floor \_\_\_\_\_

#### Type of Project

- Commercial
- Residential
- Utility Infrastructure Project (UIP)

#### Type of Investment

- Purchase Only  
- To include new construction
- Lease Only
- Purchase with Major Improvements  
- Applies only to commercial projects
- Rehabilitation Only
  - Commercial  
- Must be 50% of true and current value
  - Residential  
- Must be 20% of True and current value
- Historical Preservation and Renovation

#### Requested Tax Exemptions

- Personal Income
- Investment Income
- Property Tax Exemption
- Historic Tax Credits



Does this project involve historical preservation or renovation?  Yes  No

a) For projects that involve historical preservation or renovation, but are not part of a rehabilitation project, provide a description of the work and the estimated costs. A letter of approval from the Historical Society is required to claim any historical tax credits either on a rehabilitation project or renovation.

b) Information for historical properties may be obtained by contacting the Historical Society at: (701) 323-2666

Is the project being funded by a Renaissance Fund Organization?  Yes  No

If yes, describe the type and amount of financing and name of the Renaissance Fund Organization

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Provide the estimated state and local tax benefit to the taxpayer for 5 years (applies to all projects)

Total State Tax Benefit for five (5) years \$ \_\_\_\_\_

Total Property Tax Benefit for five (5) years \$ \_\_\_\_\_

Total Non-Participating Owner Tax Credit \$ \_\_\_\_\_

Is the entity subject to the financial institution tax (N.D.C.C. 57.35.3)?  Yes  No

If yes, total state tax benefit for 5 years \$ \_\_\_\_\_

Office Only

Zone Authority and City Documentation

Date of Approval or Conditional Approval \_\_\_\_\_ (date)

Provide a copy of minutes or other supporting documentation that indicates the formal approval by the approving entity

Identify from the Development Plan the specific criteria used to approve the project

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NOTE: The DCS reserves the right to reject a zone-approved project or to continue negotiating its approval. When a project is approved by the DCS, the local zone authority will be notified in writing.

If after a project is approved and the property changes hands or a replacement project is approved during the five year exemption period, the DCS does not need to approve the transfer or the replacement project. The zone authority, however, must notify the DCS of the change and provide the applicable information about the new homeowners, business, and/or investor tax would affect the exemption approved.

Once the project is completed, DCS must be informed by email, fax or letter of the exact date of completion, and project number before the final letter of approval can be issued.

On historical renovations/rehabilitations documentation from the Historical Society approving the final restorations must be submitted to DCS prior a final letter of approval can be issued.

Signature

Date

