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| **Application #** |  | | **Date:** | |  |
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| The undersigned, being one of the owners of the residential of the commercial property herein described, acting as agent for all of the owners of said property, hereby makes application for the deferral of any increased property tax assessment resulting from the work to be done or being done thereon as hereinafter described, pursuant to the City Council Resolution regarding the fixing of assessment in East Main Street, adopted on February 3, 2015. | | | | | |
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| **Name of Owner:** | |  | | | |
| **Address of Owner:** | |  | | | |
| **Address of property to receive deferral:** | |  | | | |
| **Description of property to receive deferral:** | |  | | | |
| **Estimated cost of improvements:** | |  | | | |
| **Building Permit Number:** | |  | | | |
| **Description of improvements:** | |  | | | |
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| **If improvements are to be made in phases, describe each phase of % of total project and time frame for completion:** | | | | | |
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| **If applying for deferral of less than 100% of project, state the square footage amount of improvements or new construction as a percentage of total existing square footage:** | | | | | |
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| **Describe expected use of facility after improvements and square footage of residential, commercial or industrial use:** | | | | | |
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| **Name of businesses expected to occupy space:** | | |  | | |
| **Anticipated new permanent jobs created as a result of project:** | | | |  | |
| **If business occupants are relocating to this building, please provide the following information:** | | | | | |
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| **Name of business:** | | |  | | |
| **Former address:** | | |  | | |
| **Number of employees at former location:** | | |  | | |
| **Sq. Ft of space occupied at former location:** | | |  | | |
| **Sq. Ft. of space to be occupied at new location:** | | |  | | |
| **Describe expansion of business as result of this move:** | | | | | |
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| **Start date for work on improvements:** | | |  | | |
| **Expected completion date:** | | |  | | |
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| Owners of residential rental property or condominium conversions must submit an Enterprise Zone Affidavit of Income form for each renter or condominium purchases. Please attach those completed forms to this application. | | | | | |
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| **Applicant’s Signature** | | | **Date** | | |
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| **Enterprise Zone Coordinator Signature Approval** | | | **Date** | | |
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| **City of Meriden Tax Assessor** | | | **Date** | | |