

**CITY OF EAST PROVIDENCE, RHODE ISLAND
APPLICATION FOR TAX STABILIZATION**

Note: This application for tax stabilization is subject to review as described under the requirements of Chapter 16, Article IV of the Revised Ordinances of the City of East Providence. The applicant hereunder agrees to comply to the following specifications : to submit five sets of detailed design plans showing all improvements to existing and proposed structures, which are drawn to scale and with sufficient clarity and detailed dimensions to show the nature and character of the work to be performed.

(File with the Department of Planning, City Hall, Room 309, 145 Taunton Avenue, East Providence, RI 02914)

1. Applicant Name _____
2. Applicant Address _____

3. Map, Block, Parcel(s) of Property _____
4. Zoning District (Circle One) C-1 C-2 C-3 C-4 C-5 I-1 I-2 I-3 Other _____
5. Please attach a detailed description of the proposed improvements
6. Will the proposed improvements or construction require a Zoning Variance? _____
If yes, please specify the required Variances: _____

7. Name and Address and Telephone Number of Architect or Engineer involved with this project: _____

8. Tax Certification Required: (Attach to this form)
9. Design plans required: (Attach five sets of complete design plans to this application)
10. Application fee: (A \$100 application fee is required for the processing of this application)

Applicant's Signature _____ Date _____ Tel No: _____

The Information below should be filled out by City staff only

I. CERTIFICATION OF COMPLETENESS

Application deemed complete: _____ Date: _____
Director of Planning

II. PRE -CONSTRUCTION PROPERTY VALUE

Pre-construction value of property - Land Value _____ Building Value (if applicable) _____

I certify that the above pre-construction value is accurate and reflects the true value of the property based upon currently accepted Assessment practices in the City of East Providence.

City Assessor Date: _____

III. TAXABLE VALUE DETERMINATION (The figure below represents the portion of the property to be stabilized)

Taxable Value of the proposed improvements: _____

I certify that the above taxable value, as it relates to the proposed improvements, is accurate and that the applicant is eligible for tax stabilization as stipulated under Chapter 16, Article IV of the Revised Ordinances of the City of East Providence.

Application eligible to proceed under this program : _____ Date: _____
City Assessor

Application ineligible to proceed, for the following reason(s) _____

Y Copy of application and plans forwarded to Building Inspector _____

Y Copy of application and Plans forwarded to City Clerk _____

Y Copy of application and plans forwarded to other Department(s) _____

Y Other Required City Permits, Licenses, etc. _____