TOWN OF SWANZEY

620 OLD HOMESTEAD HIGHWAY
P.O. BOX 10009
SWANZEY, NH 03446-0009
TOWN HALL (603) 352-7411 FAX (603) 352-6250
WWW.SWANZEYNH.GOV

Application for Property Tax Exemption
For Commercial and Industrial Properties Pursuant to RSA 72:81
Application will apply to the following tax year

Date: _____

Name of Business: _____

Applicant/Title: _____

Property Address: _____

Tax Map: _____ Lot: _____

Telephone: _____ Email: _____

Type of project to be completed: ___ New Construction ___ Addition ___ Renovation

Provide a description of the work to be done (Attach building plans if available):

_____

_____

_____

Anticipated start date: _____

Estimated completion date: _____

Estimated total cost of project: _____

As voted by the Legislative Body of the Town of Swanzey at the Town Meeting held on March 10, 2020, the exemption shall apply only to the municipal and local school property taxes assessed by the Town. State education and county taxes are excluded from the exemption. The exemption shall be granted for a maximum of 50 percent of the increase in assessed value attributable to the improvements, and shall remain in effect for a maximum period of 10 years. The percentage rate and duration of the exemption shall be granted on a per case basis based on the amount and value of the public benefit provided, as determined by the Board of Selectmen.

As voted by the Legislative Body of the Town of Swanzey, **in order to satisfy the public benefit requirement a minimum of one of the benefits listed below must be demonstrated**. Where applicable, provide an explanation of the anticipated outcomes of the project for each of the following eligible public benefits (attach additional sheets if needed):

1. Enhance economic growth and increase the Town's tax base:

_____

_____

_____

_____

2. Creation of needed services or facilities not currently available in the Town:

_____

_____

_____

_____

3. Redevelop and revitalize commercial or industrial area:

_____

_____

_____

_____

4. Prevent or eliminate blight:

_____

_____

_____

_____

5. Retain local jobs, increase local job base, and/or provide diversity in the job base:

_____

_____

_____

_____

I have read and understand the above conditions of this exemption. By signing below, I affirm that I am authorized to sign this application on behalf of the entity seeking this exemption.

Signature of Applicant & Title: _____

Date: _____

Office Use Only

Director of Planning & Economic Development Review:

_____

_____

Assessor Review:

_____

_____

Swanzey Board of Selectmen: _____ Approve _____ Deny

Percentage Exemption (maximum 50 percent): _____

Exemption Duration (maximum 10 years): _____

_____ _____
Selectmen Date

_____ _____
Selectmen Date

_____ _____
Selectmen Date