

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 X of the Revised Ordinances of the City of East Providence. The applicant hereunder agrees to comply to the following specifications: to submit the required number of 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 201, 145 Taunton Avenue, East Providence, RI 02914

Application Type: Five Year Tax Stabilization Extended Tax Stabilization

1. Applicant Name _____ Applicant Address _____
City _____ State _____ Zip _____ Tel. _____ email _____
2. Owner Name _____ Owner Address: _____
3. City _____ State _____ Zip _____ Tel. _____ email _____
4. Address of Property _____ Map, Block, Parcel(s) of Property _____
5. Zoning District(s) (circle appropriate zoning districts associated with the property)
R5 C1 C2 C3 C4 C5 I1 I2 I3 KP VMP BPH CP DR PD PA TA Other _____
7. Please attach a detailed description of the proposed improvements per ordinance requirements
8. Will the proposed improvements or construction require a Zoning Variance? _____
If yes, please specify the required Variances: _____
9. Name of firm, Address, Telephone Number, email and Contact Person of Architectural or Engineering firm involved with this project
Company Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Tel: _____
Contact Person: _____ email: _____
10. Municipal Tax Lien Certificate Form (Obtain from City Treasurer's Office and attach to this form) Provided
11. Design plans required (Attach five sets of complete design plans to this application; Ten sets for extended stabilization application; Minimum size of submitted plans: 11 inches X 17 inches)
12. Application fee: (A \$200 application fee is required for the processing of this application)
Applicant's Signature _____ Date _____

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

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

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

_____ Date: _____
City Assessor

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

Estimated value of the proposed improvements: _____

I certify that the above estimated 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 X 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) _____

Copy of application and plans forwarded to Building Inspector Copy of application and Plans forwarded to City Clerk
Copy of application and plans forwarded to other Department(s) Other Required City Permits, Licenses, etc. _____