



RENAISSANCE ZONE PROJECT APPLICATION

CITY OF DICKINSON, NORTH DAKOTA
COMMUNITY DEVELOPMENT DEPARTMENT

To receive City of Dickinson approval on zone projects, the following information must be submitted .

1. Type of project		
Business <input checked="" type="checkbox"/>	Residential <input type="checkbox"/>	Utility Infrastructure Project (UIP) <input type="checkbox"/>
2. If this is a UIP, project is the applicant a Renaissance Zone project? Yes <input type="checkbox"/> No <input type="checkbox"/>		
a. To be considered a Renaissance Zone project, the project would need to take place in the Renaissance Zone and be a utility company.		
b. If this is a property owner affected by a UIP not participating in a Renaissance Zone project, is the property owner in the Renaissance Zone? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Applicant Information		
Name of applicant(s) or business name Jessica Landis		
If business, type of entity (Provide a copy of the Certificate of Good Standing from Tax Department) requested 11/2/24		
Address and renaissance zone block number as it appears in the development plan property listings.		
Address 257 1st ST E	City Dickinson	Renaissance Zone Block 3
4. For residential projects provide evidence that the home purchased is the taxpayer's primary residence.		
5. Project Type		
a. Purchase (to include new construction) <input type="checkbox"/>		
b. Purchase with major improvements <input checked="" type="checkbox"/>		
c. Lease <input type="checkbox"/>		
i. What type of lease?		
New <input type="checkbox"/> Expansion <input type="checkbox"/> Continuation of a Lease <input type="checkbox"/> Leasehold Improvement <input type="checkbox"/>		
If this an expansion, what is the additional square feet of the expansion? _____		
ii. If it is a lease project, does it involve the relocation of a business from one location in the city to the Renaissance Zone or from one zone property to another zone property? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. Rehabilitation		
i. Commercial 50% or more of the true and full value <input type="checkbox"/>		
Or		
ii. Commercial 75% or more of the true and full value <input type="checkbox"/>		
Or		
iii. Residential 20% of the true and full value <input type="checkbox"/>		
iv. Current true and full value \$ <u>366,900</u>		

v. For **rehabilitation** projects, provide a narrative of the work and the estimated costs.

	Narrative of Work to be done	Estimated Cost
	exterior painting, replacement of siding	\$47,320
	exterior overhang	\$2,175
	exterior signage	\$15, 975.44
	interior remodel- addition of 7 offices	\$103,143

vi. What is the term (in months) sought for benefits related to this project? 60 months

7. For projects other than the purchase (includes new construction) or rehabilitation of a single-family home and historical preservation and renovation, describe how the overall benefit(s) of the project to the community meets or exceeds the financial and tax benefit to the businesses or investor. Any impact of the project on historic properties, anticipated tenant mix, the current building valuation, the estimated building valuation upon completion of project. Midwest Therapy Center is dedicated to providing essential mental health services to our community and the surrounding local counties. As we strive to meet the increasing demand for our services, we have encountered significant challenges related to our current operational capacity. With a growing list of individuals seeking assistance, it has become clear that we need to increase our operational footprint to better serve our community. By remodeling a current existing property, we are able to focus on expanding our services to lessen overall mental health waitlists and improve our variety of services offered.

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

Total State tax benefit for five years \$ _____


Total Property tax benefit for five years \$ _____

Total Non-participating owner tax credit \$ _____

9. Zone Authority and City Documentation:

Date of approval or conditional approval _____

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

10. Identify from the Development Plan the specific criteria used to approve the project remodel with purchase agreement in place.	
11. Evidence that the taxpayer is current on state taxes. (Taxpayers can contact the Office of State Tax Commissioner to receive a Certificate of Good Standing. This request must indicate that it is for a Renaissance Zone Project.) See Appendix E. Letter of Good Standing Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Expected date of occupancy or project completion <u>4/1/25</u>	
ADDITIONAL DOCUMENTATION: <input checked="" type="checkbox"/> For rehabilitation or new construction please include building plans or renderings. <input checked="" type="checkbox"/> Narrative discussing why the applicant wants to participate in this program and what is expected from such participation. <input checked="" type="checkbox"/> List of project funding sources, both public and private.	
Printed Name Jessica Landis	Title 11/2/24
Signature 	Date 11/2/24

Please email completed application to: sylvia.miller@dickinsongov.com