

**City of Derby**  
**Tax Incentive Program Application**

Date of Application \_\_\_\_\_

Name of Person/Entity Submitting Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property location in Derby for which Tax Abatement is requested:

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own or lease this property? \_\_\_\_\_

If you lease, please list property owner and address: \_\_\_\_\_

Type of Project: (please check one)       New Construction       Rehabilitation

Type of Project: (check all that apply)

Office     Retail     Manufacturing     Warehouse, Storage Distribution

Multilevel Parking Associated with Mass Transit     Information Technology

Recreation     Transportation     Other

Project Commencement Date: \_\_\_\_\_

Full Time: \_\_\_\_\_

Part Time: \_\_\_\_\_

Estimated Value of Improvements: \_\_\_\_\_

Estimated Value of Personal Property to be located at Project Site: \_\_\_\_\_

Current Assessment of Property: \_\_\_\_\_

Projected Assessment (Application Purposes Only): \_\_\_\_\_

Advancement to Grand List: \_\_\_\_\_

Provide a brief description of your project including:

Estimated cost of improvements, impact on employment (new jobs created as well as existing jobs retained), fiscal impacts, timeframe, or any other information you feel is necessary.

Applicant's Signature & Title: \_\_\_\_\_

\_\_\_\_\_

Property Owner's Signature (if not the applicant): \_\_\_\_\_

Signature, Economic Development Director: \_\_\_\_\_

Signature, Mayor, City of Derby: \_\_\_\_\_

Adopted October 11, 2018