

**CITY OF PAWTUCKET, RHODE ISLAND  
APPLICATION FOR TAX STABILIZATION**

Note: This application for tax stabilization is subject to review as described under the requirements of the Revised Ordinances of the City of Pawtucket. The applicant hereunder agrees to comply with the following specifications: to submit three (3) sets of detailed design plans showing all improvements to existing and proposed structures, which are drawn to scale and with the sufficient clarity and detailed dimensions to show the nature and character of the work to be performed.

**File with the Department of Planning & Redevelopment, 137 Roosevelt Avenue, Pawtucket, RI 02860**

1. Applicant Name: \_\_\_\_\_
2. Applicant Address: \_\_\_\_\_
3. Map, block, parcel(s) of property: \_\_\_\_\_
4. Zoning District: \_\_\_\_\_
5. Please attach a detailed description of the proposed improvements.
6. Will the proposed improvements or construction require a zoning variance? \_\_\_\_\_
7. Name, address and telephone/email of the architect or engineer involved with this project? \_\_\_\_\_  
\_\_\_\_\_
8. City of Pawtucket Municipal Lien Certificate (please attached to this application).
9. State of RI Certificate of Good Standing (please attach to this application).
10. Design plans required: (attach three [3] sets of complete design plans to this application).
11.  Five (5) Year Non-Refundable Application Fee: \$100.00  
 Ten (10) Year Non-Refundable Application Fee: \$200.00

Applicant Name (print): \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No: \_\_\_\_\_

**THE INFORMATION BELOW SHOULD BE FILLED OUT BY CITY STAFF ONLY**

**I. CERTIFICATION OF COMPLETENESS**

Application deemed complete: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Planning & Redevelopment Signature

**II. PRE-CONSTRUCTION PROPERTY VALUE**

Pre-construction value of property - land value \_\_\_\_\_ building value (if applicable) \_\_\_\_\_

I certify that the above taxable value, as it relates to the value of tangible business property, is accurate and that the applicant is eligible for tax stabilization as stipulated under the Ordinances of the City of Pawtucket.

\_\_\_\_\_  
Tax Assessor Date: \_\_\_\_\_

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

Taxable value of 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 the Revised Ordinances of the City of Pawtucket.

Application eligible to proceed under this program: \_\_\_\_\_ Date: \_\_\_\_\_  
Tax Assessor

Applicable *ineligible* to proceed for the following reason(s):  
\_\_\_\_\_