



# TOWN OF NORTH SMITHFIELD

83 Green Street  
North Smithfield, RI 02896  
401-767-2200

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## APPLICATION FOR TAX STABILIZATION RELATED TO BUSINESS EXPANSION

The undersigned hereby requests the stabilization of taxes pursuant to Article 1 Chapter 6 Subsection 6-3.11 Stabilization of Taxes for Commercial Expansion and New Development of the North Smithfield Code of Ordinances

1. Company Name: \_\_\_\_\_

2. Location: \_\_\_\_\_  
Street \_\_\_\_\_ Plat/Lot \_\_\_\_\_

3. Telephone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Business is a: Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_

For Corporations: State of Corporation: \_\_\_\_\_ Address if Different  
from Local: \_\_\_\_\_

For Partnerships: Name of General Partner: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

5. Name of Owner/Chief Executive Officer: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6. Business Identification: FEIN# \_\_\_\_\_ or Soc. Sec. \_\_\_\_\_

7. Business Type: \_\_\_\_\_

*(Industrial, Office, Service, Wholesale/Retail, Construction, Other)*

a. For Retail Businesses please provide date business began operation in Town: \_\_\_\_\_

8. New Business- Building Type: \_\_\_\_\_ Size: \_\_\_\_\_

9. Building Addition/Rehab- Building Type: \_\_\_\_\_ Size: \_\_\_\_\_

10. Present Tax Evaluation: \$\_\_\_\_\_

11. Anticipated Cost of New Building, Addition or Rehab: \$\_\_\_\_\_

12. Receipt of Application by Building/Zoning Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Official

**1. Site Plan Review Certification:**

This is to certify that the building expansion proposed herein has been reviewed and approved by the Planning Board pursuant to Section 17 Development Plan Review and that the application is consistent with the Comprehensive Plan.

Certified:

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Administrative Officer

**2. Zoning Certification:**

This is to certify that the building expansion proposed herein has been reviewed by the Zoning Official and has been found to be in compliance with the Zoning Ordinance.

Certified:

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Zoning Official

**3. Preliminary Determination of Eligibility:**

Preliminary determination of eligibility shall be made by the Town Administrator contingent upon final determination of values at the completion of construction. This is to certify that the building expansion has been completed and that based on final values of the proposed expansion, the tax stabilization for the ten-year stabilization period shall be in accordance with Column \_\_\_\_\_ listed in Table 1 above.

Certified:

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Town Administrator