



## Downtown Development District Tax Credit & Impact Fee Waiver – City of Cambridge

APPLICATION	
<b>Property Owner Name</b>	
Address	
Phone	
Cell	
Email	
<b>Company Name</b> (if commercial property)	
Address	
Phone	
Cell	
Email	
Fax	
<b>Property Address</b> (where improvements are to be made)	
<b>Property ID #</b> (or latest city tax bill, or settlement statement)	

### PROJECT DETAIL

<b>Residential or Commercial</b>	<b>Interior, Exterior or Both</b>	<b>Rehabilitation or New Construction</b>
<b>Start Date</b> (month/year)	<b>Completion Date</b> (month/year)	<b>Estimated Cost</b> (must be \$50,000 or more)
		\$

<b>Name of Person Completing this Form</b>	
Title	
Phone	
Email	
Date	
<b>Signature</b>	

----- INFORMATION BELOW FOR OFFICIAL USE ONLY -----

<b>CITY OF CAMBRIDGE</b>		
<b>In Downtown District</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Impact Fee Value</b> \$	<b>Impact Fee Waived</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>DPW Staff Name</b>		
<b>DPW Approval Signature</b>		
Date		

<b>Base Assessment</b> \$	<b>Year</b>	<b>Year Tax Credit Ends</b>
<b>Finance Signature</b>		

**COMPLETED PROJECT VERIFICATION – Due by May 1 (for first eligible tax year)**

<b>Name of Person Providing Verification</b>			
<b>Total Project Expenditure</b> \$	<b>Copies of Canceled Checks</b> <input type="checkbox"/>	<b>Copies of Permits</b> <input type="checkbox"/>	<b>Copies of Invoices</b> <input type="checkbox"/>
<b>Staff Name</b>			
<b>City Approval Signature</b>			
Date			

<b>DORCHESTER SUPERVISOR OF STATE ASSESSMENTS</b>	
<b>Signature</b>	
Date	