



Town of Portland, Connecticut

33 East Main Street ▪ P.O. Box 71 ▪ Portland, CT 06480-0071
www.portlandct.org ▪ Phone: (860) 342-6715 ▪ Fax: (860) 342-6714
Equal Opportunity Provider and Employer
Office of the First Selectman

1. Name of person/entity submitting application (including all principals):

2. Mailing Address: _____

3. Telephone Number: _____ Email: _____

4. Property Location for which tax abatement is requested:

a. Assessors Map/Lot #: _____

b. Location Address: _____

5. Attach site map or plot plan for the project, plus surveys and specifications. (Email all digital copies to Assessor and First Selectman).

6. Do you own or lease this property?: _____

a. If you lease, provide:

i. Property Owner: _____

ii. Property Owner's Mailing Address: _____

iii. Property Owner's Telephone Number: _____

iv. Date of lease agreement/duration of lease agreement:

From: _____ To: _____

7. Please check which is applicable:

<input type="checkbox"/>	New Construction/Industrial	<input type="checkbox"/>	Rehabilitation/Industrial
<input type="checkbox"/>	New Construction/Commercial	<input type="checkbox"/>	Rehabilitation/Commercial

8. Please check which use is applicable:

Office	<input type="checkbox"/>	Retail	<input type="checkbox"/>	
Manufacturing	<input type="checkbox"/>	Warehouse	<input type="checkbox"/>	
Storage	<input type="checkbox"/>	Distribution	<input type="checkbox"/>	
Other (Please explain)				

9. Would this project happen without a Fixed Assessment Agreement in place?

Yes No

a. If you answered no, why not?

10. Provide a description of your project including estimated cost of the improvements:

11. What is the impact on employment (How many new jobs will be created and how many current jobs will be retained?)

12. What is the time frame of this project?

13. Provide any additional information that may be relevant for the review committee:

14. Provide information on all state or federal abatement or incentive program(s) that you have applied for, will apply for or have received:

15. Signature of Applicant: _____ Date: _____

16. Signature of Owner, if different from applicant _____

Date: _____

Tax Incentive Program Scoring

Date Received by Town: _____

Recommendation by Review Committee: _____

Application approved and recommend the following:

_____ % off assessed improvement year 1

_____ % off assessed improvement year 2

_____ % off assessed improvement year 3

_____ % off assessed improvement year 4

_____ % off assessed improvement year 5

_____ % off assessed improvement year 6

_____ % off assessed improvement year 7