



Town of Fort Fairfield Municipal Land Incentive Program Application

APPLICANT INFORMATION

Name: _____

Phone: _____

Mailing Address: _____

Email: _____

BUSINESS INFORMATION

Business Name: _____

Business Owner/Manager: _____

Corporate Address (if different than above): _____

Previous Location (if applicable): _____

Business Description:

Project/Construction Description:

Estimated Construction Timetable: _____

Estimated Opening Date: _____

Estimated Number of Employees: _____



Town of Fort Fairfield

Municipal Land Incentive Program

Application

For Office Use Only

- Applicant/Project Deemed Eligible (Cursory Review – Within five business days, Town Staff will determine eligibility of the business and will communicate eligibility to the Applicant).
- Business Plan Submitted for Review (In-Depth Review)
- Business Meets Zoning Requirements
- Licenses, Permits and Land Use Clearances Granted
- Business Notified of Eligibility to Proceed to Close
- Deed Received and Held in Trust
- Start of Construction (Date: _____)
- Completion of Construction (Date: _____)
- Business Open (Date: _____)
- Taxes Current (Must be paid in full annually)
- Mortgage Discharged (Land Transfer Completed - Five Years from Date of Closing)

I state under penalty of perjury that the foregoing is true and correct. Further I acknowledge the information provided on this form may be subject to public records disclosure.

Developer's Signature

Town Manager's Signature

Date

Date