City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

February 7, 2022

Marcell R. Todd, Jr. City Planning Commission Room 208 – CAYMC Detroit, MI 48226

RE: Application for Neighborhood Enterprise Zone Garfield Condominium

Dear Mr. Todd:

Please find enclosed one (1) application, for the **Garfield Condominium** Neighborhood Enterprise Zone Certificate which was received in my office on November 15, 2021. The address is: **92 E. Forest Avenue**. Would you please review this application and advise me as to what action should be taken.

THE SIXTY (60) DAY DEADLINE FOR APPROVAL OF THIS APPLICATION BY THE LOCAL GOVERNMENT UNIT IS MARCH 18, 2022; THEREFORE, CITY COUNCIL WOULD HAVE TO APPROVE THIS APPLICATION NO LATER THAN AT THEIR FORMAL SESSION OF MARCH 15, 2022.

Thank you

Andre P. Gilbert, II Deputy City Clerk

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Enc.

APG/aj

Michigon Department of Treasury 4775 (Rev. 10-17), Page 1

Application for Neighborhood Enterprise Zone Certificate

Issued under authority of Public Act 147 of 1992, as amended.

| LOCAL GOVERNI | MENTAL UNIT USE ONLY | | |
|-----------------------|----------------------|--|--|
| Application 10 - 0329 | Date Received | | |
| SIAI | E USE ONLY | | |
| ➤ Application No. | Date Received | | |

Read the Instructions before completing the application. This application must be filed prior to building permit issuance and start of construction, Initially file one original application (with legal description) and two additional copies of this form with the clerk of the local governmental unit (three complete sets). The additional documents to complete the application process will be required by the State of Michigan only after the original application is filed with the clerk of the local governmental unit (LGU). This form is also used to file a request for the transfer of an existing NEZ certificate. Please see the instruction sheet.

| PART 1: OWNER/APPLICANT | INFORM | ATION (Applicant | must complete all fields) | 74 W 45 | | | | |
|---|---|---|--|----------------|----------|--------|--|--|
| Applicant Name | | | Type of Approval Requested | | | | | |
| RainCheck Forest LLC | | | New Rehabilitation | | | | | |
| Facility's Street Address | | | New Rehabilitation Transfer (1 copy only) | | | | | |
| 92 E Forest Avenue | | Arnount of years requested for exemption (6-15) | is the facility owned or rented by occupants? | | | | | |
| City | State | ZIP Code | , , , | | Owned | Rented | | |
| Detroit | MI | 48201 | 15 | [] | | | | |
| Name of City, Township or Village (taxing authority) | | | Type of Property | | | | | |
| City of Detroit | | | House Duplex Condo Loft | | | | | |
| City Township Village | | | | | | | | |
| 1 | chool District | | Apartment - No. of Units 15 | | | | | |
| | Detroit | | | | | | | |
| Name of LGU that established district | | | Neighborhood Enterprise Zone Date district was established | | | | | |
| Detroit | Garfield Condo | | | L14 | /17/2005 | | | |
| | ify who the work was completed by Estimated Project Cost (per unit) | | | | | | | |
| Licensed Contractor Othe | | \$166,666.00 | | | | | | |
| See Attached - Attachment A: Nature and Extent Attachment B: Floor Plan | of New C | onstruction (inclu | ding legal description). | | | | | |
| Timetable for undertaking and completing the rehabilitation or construction of the facility. Construction is anticipated to commence in April 2022. Applicant anticipates an 10-month timeframe for construction with anticipated completion by February 2023. | | | | | | | | |
| PART 2: APPLICANT CERTIFIC | CATION | | | | | | | |
| Contact Name Contact Telephone Number | | | | | | | | |
| Neal Check | Neal Check | | | (248) 866-7900 | | | | |
| Contact Fax Number | | | Contact E-mail Address | | | | | |
| (248) 440-5991 | | | neal@soundcheckllc.com | | | | | |
| Owner/Applicant Name | | | Owner/Applicant Telephone Number | | | | | |
| RainCheck Forest LLC | | | (248) 866-7900 | | | | | |
| Owner/Applicant Mailing Address (Street No., City, State, ZIP Code) | | | Owner/Applicant E-mail Address | | | | | |
| 28715 Greenfield Road, Southfield, MI 48076 | | | neal@soundcheckllc.com | | | | | |
| I certify the information contained herein and in the attachments are true and that all are truly descriptive of the residential real property for which this application is being submitted. I certify I am familiar with the provisions of Public Act 147 of 1992, as amended, (MCt. 207.771 to 207.787) and to the best of my knowledge, I have complied or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the LGD and the assumes a design temporary contribution of the state Tax Commission. | | | | | | | | |
| Owner/Aphticary Signature | | Date | | | | | | |
| 1000 | | | 11/02/2021 | | | | | |

| DADT 2: LCILASSESSOD CEDTIFICATION /A | I moved as a model of David 2) | | | | | | |
|---|---|---------------------------------|-----------------------------------|--|--|--|--|
| PART 3: LGU ASSESSOR CERTIFICATION (Assessor of LGU | | | | | | | |
| The property to be covered by this exemption may not be included on any other specific property on the Eligible Tax Reverted Property (Land Bank) specific tax roll cannot be groperty on the Neighborhood Enterprise Zone specific tax roll. | lax roll while receiving the Neighborhood Enterprise ranted a Neighborhood Enterprise Zone Exemption | e Zone Exemp That would also | tion. For example, o put the same | | | | |
| By checking this box I certify that, if approved, the property to be covered by tax roll and not on any other specific tax roll. | this exemption will be on the Neighborhood Enterp | orise Zone Exe | mplion specific | | | | |
| Name of LGU | | | | | | | |
| City of Detroit | | | | | | | |
| Name of Assessor (First and last name) | Telephone Number | | | | | | |
| Charles Ericson | (313) 224-4832 | | | | | | |
| Fax Number | E-mail Address | | | | | | |
| (313) 224-9400 | ericsonc@detroitmi.gov | | | | | | |
| I certify that, to the best of my knowledge, the information contained in Part 3 | of this application is complete and accurate | | | | | | |
| Assessor's Signature | | 1.7.2 | V. | | | | |
| PART 4: LGU ACTION/CERTIFICATION (LGU clerk must comp | plete this section before submitting to the | State Tax C | ommission) | | | | |
| Action taken by LGU: | The State Tax Commission requires the following administratively complete application: | documents be | filed for an | | | | |
| Exemption Approved for Years (6-15) | 1. Original Application | | | | | | |
| | 2. Legal description of the real proper | erty with parc | el code # | | | | |
| Exemption Approved for Years (11-17 historical credits) | 3. Resolution approving/denying application (include # of years) | | | | | | |
| Exemption Denied (include Resolution Denying) | 4. REHABILITATION APPLICATION Statement by the assessor showing | | alue of the | | | | |
| Date of resolution approving/denying this application | rehabilitated facility not including the land, for the tax year immediately preceding the effective date of the rehabilitation. | | | | | | |
| Clerk's Name (First and Last) | Telephone Number | | | | | | |
| Fax Number | E-mail Address | | | | | | |
| Mailing Address | City | Stale | ZIP Code | | | | |
| I certify that I have reviewed this application for complete and accurate inform Neighborhood Enterprise Zone. | nation and determined that the subject prope | rty is located | within a qualified | | | | |
| I certify this application meets the requirements as outlined by Public Act 147 of 1992 and hereby request the State Tax Commission issue a Neighborhood Enterprise Zone Certificate. | | | | | | | |
| Clerk Signature | | Date | | | | | |
| | | | | | | | |

The LGU should mail the original completed application and required documents to the following address:

State Tax Commission P.O. Box 30471 Lansing, MI 48909

Note: Additional documentation will be required for further processing of the application and for the issuance of the certificate of exemption. These documents should be sent directly to the State of Michigan <u>only</u> after the original application is filled with the LGU clerk and approved by the LGU. See the instruction sheet attached.

Any questions concerning the completion of this application should be directed to the LGU clerk.

NEZ Rehab Values

Parcel

01001213.

Owner

RainCheck Forest LLC

Address

92 E Forest

NEZ BLDG AV Calculations

NEZ BLDG TV Calculations

Total AV minus Land AV BLDG AV

Bldg AV

divided by Total AV Bldg %

17.20%

\$ 354,700 \$ 293,700 \$ 61,000

\$ 61,000 \$ 354,700

Total TV

times Bldg % BLDG TV

\$ 86,056 17.20% \$

14,800

LAND AV

\$ 293,700

LAND TV Calculations

Total TV deduct Bldg TV LAND TV

\$ 86,056 \$ 14,800 \$

71,256