



Technical Review Meeting Request Form

Applicant must fill out the information below to request a Technical Review Meeting with the Planning and Zoning Administrator. Please note, the CRD Application, along with all supporting documentation listed on the application must accompany this request form. This form must be filed with the Planning and Zoning Administrator.

Date: 11/15/22

Applicant Name: Ben Argall - Argall Real Estate Group

Applicant Address: 209 Gold Street, Negaunee, MI

Applicant Project: Argall Real Estate Group Headquarters

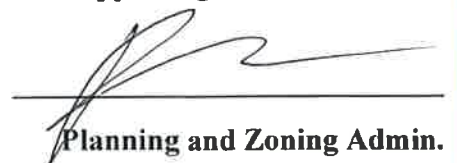
I the Applicant above, request a Technical Review Meeting with the City of Negaunee. I understand that my project cannot be received in full by the City until this meeting occurs and I have been issued a Technical Review Meeting Certificate. I further understand that a certificate will not be issued unless my project has been fully vetted by the City.


Signature

Technical Review Meeting Certificate

Date: 11/16

I, the undersigned below, do attest, that the named applicant above has successfully fulfilled the application requirements of the City of Negaunee's Commercial Rehabilitation District Program. This certificate entitles the applicant to submit their full application and supporting materials to the Negaunee City Clerk.


Planning and Zoning Admin.

STATE USE ONLY		
Application Number	Date Received	LUCI Code

Application for Commercial Rehabilitation Exemption Certificate

Issued under authority of Public Act 210 of 2005, as amended.

Read the instructions page before completing the form. **This application should be filed after the commercial rehabilitation district is established.** The applicant must complete Parts 1, 2 and 3 and file one original application form (with required attachments) and one additional copy with the clerk of the local governmental unit (LGU). Attach the legal description of property on a separate sheet. This project will not receive tax benefits until approved by the State Tax Commission (STC). Applications received after October 31 may not be acted upon in the current year. This application is subject to audit by the STC.

PART 1: OWNER / APPLICANT INFORMATION (applicant must complete all fields)			
Applicant (Company) Name (applicant must be the owner of the facility) ARGALL REAL ESTATE GROUP, INC			NAICS or SIC Code
Facility's Street Address 816 MAURICE ST	City ISHPEMING	State MI	ZIP Code 49849
Name of City, Township or Village (taxing authority) NEGAUNEE	County MARQUETTE	School District Where Facility is Located NEGAUNEE	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village			
Date of Rehabilitation Commencement (mm/dd/yyyy) 9/1/22	Planned Date of Rehabilitation Completion (mm/dd/yyyy) 9/1/23		
Estimated Cost of Rehabilitation \$ 500,000	Number of Years Exemption Requested (1-10) 10		
Expected Project Outcomes (check all that apply)			
<input checked="" type="checkbox"/> Increase Commercial Activity <input checked="" type="checkbox"/> Retain Employment <input checked="" type="checkbox"/> Revitalize Urban Areas <input checked="" type="checkbox"/> Create Employment <input type="checkbox"/> Prevent Loss of Employment <input type="checkbox"/> Increase Number of Residents in Facility's Community			
No. of jobs to be created due to facility's rehabilitation 7	No. of jobs to be retained due to facility's rehabilitation 1	No. of construction jobs to be created during rehabilitation 15	
PART 2: APPLICATION DOCUMENTS			
Prepare and attach the following items:			
<input checked="" type="checkbox"/> General description of the facility (year built, original use, most recent use, number of stories, square footage)		<input checked="" type="checkbox"/> Statement of the economic advantages expected from the exemption	
<input checked="" type="checkbox"/> Description of the qualified facility's proposed use		<input checked="" type="checkbox"/> Legal description	
<input checked="" type="checkbox"/> Description of the general nature and extent of the rehabilitation to be undertaken		<input type="checkbox"/> Description of the "underserved area" (Qualified Retail Food Establishments only)	
<input checked="" type="checkbox"/> Descriptive list of the fixed building equipment that will be a part of the qualified facility		<input type="checkbox"/> Commercial Rehabilitation Exemption Certificate for Qualified Retail Food Establishments (Form 4753) (Qualified Retail Food Establishments only)	
<input checked="" type="checkbox"/> Time schedule for undertaking and completing the facility's rehabilitation			
PART 3: APPLICANT CERTIFICATION			
Name of Authorized Company Officer (no authorized agents) BENJAMIN ARGALL		Telephone Number 906-250-2874	
Fax Number		E-mail Address BEN@ARGALLREALESTATE.COM	
Street Address 816 MAURICE ST	City ISHPEMING	State MI	ZIP Code 49849
<p><i>I certify that, to the best of my knowledge, the information contained herein and in the attachments is truly descriptive of the property for which this application is being submitted. Further, I am familiar with the provisions of Public Act 210 of 2005, as amended, and to the best of my knowledge the company has compiled or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local governmental unit and the issuance of a Commercial Rehabilitation Exemption Certificate by the State Tax Commission.</i></p> <p><i>I further certify that this rehabilitation program, when completed, will constitute a rehabilitated facility, as defined by Public Act 210 of 2005, as amended, and that the rehabilitation of this facility would not have been undertaken without my receipt of the exemption certificate.</i></p>			
Signature of Authorized Company Officer (no authorized agents) 		Title OWNER	Date 11/15/22

PART 4: ASSESSOR RECOMMENDATIONS (assessor of LGU must complete Part 4)			
Provide the Taxable Value and State Equalized Value of Commercial Property, as provided in Public Act 210 of 2005, as amended, for the tax year immediately preceding the effective date of the certificate (December 31 of the year approved by the STC).			
	Taxable Value	State Equalized Value (SEV)	
Land	\$2,221	\$2,550	
Building(s)	\$17,852	\$20,500	
The property to be covered by this exemption may not be included on any other specific tax roll while receiving the Commercial Rehabilitation Exemption. For example, property on the Eligible Tax Reverted Property (Land Bank) specific tax roll cannot be granted a Commercial Rehabilitation Exemption that would also put the same property on the Commercial Rehabilitation specific tax roll.			
<input checked="" type="checkbox"/> By checking this box I certify that, if approved, the property to be covered by this exemption will be on the Commercial Rehabilitation Exemption specific tax roll and not on any other specific tax roll.			
Name of Local Government Body City of Negaunee			
Name of Assessor (first and last name) Nicole Merlo		Telephone Number (906) 225-8410	
Fax Number		E-mail Address nmerlo@mqtco.org	
I certify that, to the best of my knowledge, the information contained in Part 4 of this application is complete and accurate.			
Assessor's Signature <i>Nicole Merlo</i>			Date 11/15/22
PART 5: LOCAL GOVERNMENT ACTION (clerk of LGU must complete Part 5)			
Action Taken By LGU (attach a certified copy of the resolution):			
<input type="checkbox"/> Exemption approved for _____ years, ending December 30, _____ (not to exceed 10 years)			
<input type="checkbox"/> Exemption Denied			
Date District Established (attach resolution for district)	Local Unit Classification Identification (LUCL) Code	School Code	
PART 6: LOCAL GOVERNMENT CLERK CERTIFICATION (clerk of LGU must complete Part 6)			
Clerk's Name (first and last)		Telephone Number	
Fax Number		E-mail Address	
Mailing Address	City	State	ZIP Code
LGU Contact Person for Additional Information	LGU Contact Person Telephone Number	Fax Number	
I certify that, to the best of my knowledge, the information contained in this application and attachments is complete and accurate and hereby request the State Tax Commission issue a Commercial Rehabilitation Exemption Certificate, as provided by Public Act 210 of 2005, as amended.			
Clerk's Signature			Date

The clerk must retain the original application at the local unit and mail one copy of the completed application with attachments to:

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

General Description

The building was built in 1878 to be a saloon with living quarters above. It closed down as a saloon in 1917 when prohibition started in Marquette County. It was used as a barber shop from the 1920s -1960s with the owner living in the building. It was most recently used as 2 residential apartments a small commercial space for a photographer. The building consists of a full basement that is 1272 square feet, main level 1272 square feet and a second story measuring 1200 sq feet.

Proposed Use

The proposed use for the entire building is to become a commercial space as a real estate brokerage. The office would include reception area, 6 private offices, conference room, 3 ada compliant bathrooms, training area, and kitchenette. Basement would remain as storage and mechanical.

Extent of Rehabilitation

The renovation will be extensive. The stucco will be removed to show the original brick facade, the rotten wood beam above front windows/entry to be replaced and decorative cornice added. Newer aluminum windows and exterior doors. New masonry window sills will replace old wooden ones. Tuckpointing and power washing / cleaning the exterior. Front facade will have a fresh coat of paint. New back stair case and front ramp entry with lighting will also be completed. Removal of the deteriorated garage and landscaping will complete the project.

The inside will go through more extensive work. Removal of all the lathe and paster for new electrical, plumbing, and HVAC. New insulation throughout including soundproofing for office and conference spaces. Addition of drop ceiling in hallways to cover HVAC ductwork. Replace flooring with a vinyl plank throughout. Stairs will be leveled and new coverings and handrails. Recessed lighting throughout with the exception of more ornate lighting fixtures in the conference, reception, and bathroom areas. Networking and security systems to be installed including cameras for interior and exterior areas. Basement would have more lighting added and just be cleaned up along with a new basement access door.

Fixed Building Equipment

- I. HVAC - Updated to Code - Furnace and 2 AC Units
- II. New Water Heater
- III. Updated Electrical System throughout with updated LED Lighting
- IV. Security and Networking Systems
- V. New Flooring throughout
- VI. Reception Desk / Counter
- VII. Kitchenette with dishwasher, sink, fridge, microwave, new counters.

Time Schedule

The project has started with demolition and exterior work on September 1, 2022. Plan is to have the building completed in one year. Goal is to have occupancy for September 1, 2023.

Rough Outline of Timeframe by month

9/1/22 Commencement of exterior work
Removal of Stucco
Brick Tuckpointing
Remove Trees
Demo Garage

12/1/22 Demolition of interior
Install new beam over front entry

1/1/23 Framing

2/1/23 HVAC / Electrical / Plumbing begin

4/1/23 New storefront windows / door install
Drywall begins

5/1/23 Exterior work resumes - tuck pointing / painting / roof / siding

6/1/23 New windows and Doors installed
Flooring installation
Front Concrete Ramp installed

7/1/23 Trim & Paint
Install fixtures

8/1/23 Final finishing work

9/1/23 Occupancy - Move in

Economic Advantages

Abated tax dollars will be moved to alternate budgets which include:

- I. Employment creation / retention 6-8 jobs with additional cashflow will help provide better tools for training and retaining employees.
- II. Roof replacement in the near future 2-5 years.
- III. Investment for additional exterior renovations / landscaping / community art - mural

Legal Description

Lot 85 of Iron Plat, City of Negaunee.



CITY OF NEGAUNEE

P.O. Box 70 • Negaunee, Michigan 49866 • Phone (906) 475-7700
Fax (906) 475-0178 • www.cityofnegaunee.com

November 15, 2022

Property Owner

209 Gold St

Negaunee, MI 49866

RE: Balances with the City of Negaunee parcel 52-53-010-064-00

To Whom It May Concern:

This letter verifies that the property taxes have been paid for the referenced parcel and the new owner does not have any delinquencies with the City of Negaunee.

Thank you,

Brian Downing

City Treasurer

CC: David Nelson

“ON THE BANKS OF MAJESTIC TEAL LAKE”

*The City of Negaunee is an equal opportunity program/employer.
Auxiliary aids and service are available upon request to individuals with disabilities.*