<u>CARBONDALE – MURPHYSBORO - JACKSON COUNTY ENTERPRISE ZONE</u> <u>COMMERCIAL/INDUSTRIAL PROJECT INFORMATION</u>

<u>PART I - PROJECT INFORMATION</u> (To be completed by Project Representative)

1. Name of Business:	
2. Street Address:	
3. City:	
4. Name of Business/Company (if different from applicant):	
5. Street Address of Proposed Project:	
6. Business Contact: Phone:	
7. Business Contact Email:	
8. Business Federal Identification Number (FEIN):	
9. Business Unemployment Insurance Number:	
10. NAICS CODE (6 digit Industry Code):	
11.General Description of Proposed Project, including any rehabilit major paving, or new equipment. Use an additional sheet if nec	
12.Project Classification: Commercial Industrial	
13.Expected Date of Project Start: Completion:	
14.Estimated Cost of:	
Remodeling/Rehabilitation:	New Construction:
Building Materials Costs:	Building Materials Costs:
Labor Costs:	Labor Costs:
Total:	Total:
Capital Equipment:	
Site: Total Project Cost:	
Total Project Cost.	
15.Number of Full-Time Equivalent Jobs:	
NOTE: This information must be supplied by the business beneficia	ary, and signed by a company/business owner/officer.
a. <u>Presently</u> at project location:	
b. Retained*:	
c. <u>Created</u> ** within 1 year of project completion: _	
16. Does this project involve a move from another location?	
Yes No If Yes, indicate city and state	
17. Signature of Company Representative:	
Name Title *"Petained" means the number of documented jobs that will remain in the	Date

^{*&}quot;Retained" means the number of documented jobs that will remain in the zone which can be publicly documented that the business would close without enterprise zone benefits. Attach documentation.

^{**&}quot;Created" means the number of jobs for which persons are hired or are expected to be hired within 1 year as a result of the new investment, not including construction jobs or spinoffs that may be created.

PART II - GENERAL PROJECT INFORMATION A. Property Tax Identification Number: B. Building Permit Number: C. Date Building Permit Issued: (attach copy of building permit) D. Total Dollar Value of Permit Fees Waived: PART III – ENTERPRISE ZONE FEES Pursuant to Illinois Public Act 97-905, Enterprise Zones are permitted to collect fees for sales tax abatement certificates that are issued to project applicants within designated enterprise zones. The Jackson County Enterprise Zone charges a fee of (.5%) of the value of building materials, not to exceed \$50,000.00 per project. Fees must be paid to the Enterprise Zone Administrator prior to the release of sales tax abatement certificates. Make checks payable to "City of Carbondale". Fees for projects located in the City of Murphysboro or Jackson County will be distributed to the Jackson Growth Alliance. A. Building Material Costs (from Part I, #13) Fee = $(A) \times (.005) =$ PART IV - ESTIMATED TAX ABATEMENT - (To be completed by Zone Administrator) A.EAV of Property prior to Project Start: Improvements _____ Total _____ Land ______Improvements _____ B. Estimated EAV of Project Improvements: Total ____ C. Estimated EAV of Property upon Project Completion (A+B): D. Tax Rate Amount Currently Approved for Abatement: ______/\$100 EAV. E. Estimated Amount of Abatement for this Project: \$_____/First Yr. F. Estimated Total Amount Abated for term of Abatement: \$_____ PART V - VERIFICATION OF ACTUAL ABATEMENT - (To be completed by City Staff/ Zone Administrator) A. Increase Assessed Value of Improvement: \$_____ B. Current Total Tax Rate/\$100 EAV: \$_____ C. Dollar Value of Tax Rate Eligible for Abatement: \$_____

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D. Total Amount of Taxes Abated in First Year: \$_____

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ADDITIONAL INFORMATION TO BE SUBMITTED WITH PROJECT INFORMATION FORM

CONTRACTOR/SUB-CONTRACTOR INFORMATION

Project Name			
Prime Contractor	Sub-Contractor	_	
Name			
Address (street address, n	ot just P.O. Box)		
City, State, Zip			
		,	
Email Address			***************************************
Phone No.			
Fax. No.			
Contract Costs:			
New Construction		Rehabilitation	
Building Materials		Building Materials	
Other Costs		Other Costs	
Total		Total	
Equipment			
Signed:	***************************************		
Title:			