



WHITESIDE CARROLL ENTERPRISE ZONE (2018) PROJECT APPLICATION

PROJECT # _____
(# will be issued by EZ Administrator upon approval)

Please Print

Enterprise Zone Business Name: _____

Project address: _____

Owner or Contact Person: _____

Address: _____

Phone: _____ Cell #: _____

Email address: _____

Business owner (if different than contact)

Name of Individual or Company: _____

Address: _____

Phone: _____ Cell #: _____

Email address: _____

Project located in a TIF District: ____ Yes ____ No Type of Business: ____ Commercial ____ Industrial

Product(s) or Service: _____

Estimated Date of Project Start: _____ Completion: _____

(Date project is approved by Zone Administrator)

Estimated Cost of Project: (Amounts for 1 and/or 2 must coincide with building permit. Fee on building materials cost for remodeling and new construction only, see reverse.) **Abatement of real estate taxes will not be given over amount declared. Tax Increment Financing District by state law cannot receive real estate tax abatement.**

1) Estimated Remodeling \$ _____

2) Estimated New Construction Cost \$ _____

3) Estimated Building Materials Cost \$ _____

4) Estimated Labor Cost \$ _____

5) Capital Equipment \$ _____

6) Site (purchase and preparation) \$ _____

E-Zone Approval Stamp

JOBS:

Number of Full-time Equivalent Jobs at Project Initiation: _____ (Full-time equivalent jobs are calculated by dividing the total number of hours worked by persons at the project site, whether salaried or hourly by 1,820 hours. - Example: 25 not 25.6)

Jobs Retained due to project & certified so by DCEO _____

Estimated FTE covered employees at project conclusion _____

Estimated Number of construction jobs at site _____

Description of project: _____

Federal Employer Identification Number: _____

IL Unemployment Insurance Number: _____ NAICS Number: _____

Does this project involve a move from another location? _____

If yes, indicate city and state of previous location: _____

Please note reporting requirements by law: All Project owners must complete a "Close Project" Report to the Zone Administrator upon completion of their project and a "Business Report" to the IDOR for each year of real estate tax abatement received at: <https://www.2.illinois.gov/rev> Failure to report could result in suspension of abatement(s).

Signature: _____
Project Representative Title Date

NOTE: A COPY OF THE APPROVED BUILDING PERMIT, PARCEL NUMBER OR COPY OF DEED, AND THE E-ZONE APPLICATION FEE MUST ACCOMPANY APPLICATION, BEFORE PROJECT WILL BE APPROVED AND ALL BUILDING MATERIALS EXEMPTION CERTIFICATES UPLOADED TO ILLINOIS DEPARTMENT OF REVENUE.

(To be filled in by Enterprise Zone administrator.)

Township: _____ Tax Code: _____

Parcel number(s): _____

Building Permit:

Grantor _____ Number _____ Date _____

(Dollar Amount of Building Materials from #3 on front): _____

X .005 = _____ Enterprise Zone Fee Not to Exceed \$50,000.

Project is: Accepted _____ Rejected _____ **E-Zone Approval Stamp**

Signature of Enterprise Zone Administrator