

ENTERPRIZE ZONE COMMERCIAL/INDUSTRIAL PROJECT INFORMATION

PART I - PROJECT INFORMATION (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 Federal Identification Number (FEIN): _____
8. Business Unemployment Insurance Number: _____
9. General Description of Proposed Project, including any rehabilitation/remodeling of existing structures, new construction, major paving, or new equipment. Use an additional sheet if necessary. _____

10. Project Classification: Commercial _____ Industrial _____
11. Expected Date of Project Start: _____
Completion: _____
12. Estimated Cost of:
Remodeling/Rehabilitation: _____
New Construction: _____
Capital Equipment: _____
Site: _____
13. Number of Full-Time Equivalent Jobs:
Note: This information must be supplied by the business beneficiary, and signed by a company/business owner/officer.
a. Presently at project location: _____
b. Retained*: _____
c. Created** within 1 year of project completion: _____
14. Does this project involve a move from another location?
Yes _____ No _____ If Yes, indicate city and state.

15. Signature of company Representative:

Name Title

16. Date: _____

* "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.

** "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 a copy of building permit)
- D. Total Dollar Value of Permit Fees Waived: _____

PART III - ESTIMATED TAX ABATEMENT - (To be completed by Zone Administrator)

- A. EAV of Property prior to Project Start: Land _____
Improvements _____
Total _____
- B. Estimated EAV of Property upon Project Completion (A+B): _____
- C. Tax Rate Amount Currently Approved for Abatement: _____/\$100 EAV.
- D. Estimated Amount of Abatement for this Project: \$ _____ First Yr.
- E. Estimated Total Amount Abated for term of Abatement: \$ _____

PART IV - 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: \$ _____
- D. Total Amount of taxes Abated in First Year: \$ _____