



Northwest Illinois Enterprise Zone Commercial / Industrial Project Information

DATE _____

PART 1 - PROJECT INFORMATION (to be completed by Project Rep)

1. Name of Owner: _____ Personal Phone No: _____

2. Name of Business: _____ Business Phone No.: _____

2a. E-Mail Address: _____

3. Street Address: _____

4. City: _____

5. Name of Proposed Business/ Company (if different from applicant):

6. Street Address of Proposed Project: _____

6a. Federal Employer's Identification Number (FEIN) _____

6b. Unemployment Insurance Number (UIN) _____

7. General Description of Proposed Project, including any rehabilitation/remodeling of existing structures, new construction, major paving, or new equipment. (Use additional sheet if necessary.)

Type and Style of Construction:

Building Size: _____ Lot Size: _____

Type of Business: _____

Describe Other Features: _____

8. Project Classification: **North American Industry Classification #**

Commercial _____ Industrial _____

9. Expected Date of Project Start _____ Finish Date _____

10. Estimated Cost (Labor & Materials) of: (Please separate labor and material costs)

A. Remodeling /Rehabilitation: _____ B. New Construction _____

C. Capital Equip: _____ D. Site (cost or value if pre. owned) _____

11. Number of full-time Equivalent Jobs:

a. Presently at project location: _____ b. Retained*: _____

c. Created** within 2 years of project completion _____

* "Retained" means the number of jobs that will remain in the zone as a result of the new investment being made, that otherwise would be lost.

**Created means the number of jobs for which persons are newly hired (not transferred in-State) or are expected to be hired within 2 years as a result of the new investment, not including construction jobs or spin-offs that may be created.

12. Does this project involve a move from another location?

Yes _____ No _____ If yes, indicate city and state _____

FROM YOUR MOST CURRENT TAX BILL:

13. What is the Equalized Assessed Valuation (EAV) of Existing Property:

LAND: _____

IMPROVEMENTS: _____

TOTAL: _____

14. What is the Property Tax Identification Number: _____

15. _____

Print Name of Project Representative

Title

16. Date: _____

17. Enterprise Zone Administration Fee:

Enclose Your Check for .5 % (1/2 of one percent) of estimated material cost.

Line Material Cost x .005 = \$

(\$25.00 Minimum Fee)

Please make check payable to:

Northwest Illinois Enterprise Zone

61WHSKHM61W □

Freeport, IL 61032

Attn: Ron Kane, Zone Administrator

**** Please attach a copy of the building permit.

Please note the fee has been changed by Illinois Statute, it is now .5% of the building material cost. The material costs if unknown should be estimated for the calculation of the fee. Once the project is complete, a final accounting should be submitted to insure the proper fee has been charged.

NORTHWEST ILLINOIS ENTERPRISE ZONE

DATE: _____

PART II – GENERAL PROJECT INFORMATION – (To be completed by Building Dept)

A. Property Tax Identification Number: _____

B. Building Permit Number: _____

C. Date Building Permit Issued _____

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 Starts

Land _____

Improvements _____

Total _____

B. Estimated EAV of Project Improvement:

Land _____

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 Year

F. Estimated Total Amount Abated for term of Abatement: \$ _____

**PART IV – VERIFICATION OF ACTUAL ABATEMENT (To be completed later by
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: \$ _____

PART V – BUILDING MATERIALS SALES TAX EXEMPTION APPLICATION
(to be completed by General Contractor and Sub-Contractor)

Here is the information needed for each Contractor or Sub-Contractor

This application is for _____ Project.

Applicant name

Email Address

Phone Contact Number

Mailing Address

*FEIN

Contract Amount

Estimated average sales tax rate

Percentage of contract that consists of building material qualifying for exemption

Estimated amount of exemption for purchased materials

Applicant Name

Email Address

Phone Contact Number

Mailing Address

*FEIN

Contract Amount

Estimated average sales tax rate

Percentage of contract that consists of building material qualifying for exemption

Estimated amount of exemption for purchased materials

Please make additional sheets if there are more than two Contractors or Sub-Contractors for this project.

*An applicant without an FEIN must go to the Department of Revenue's secure website and enter his or her Social Security number. The department will provide an Applicant ID, which the applicant can bring to the Zone Administrator to complete the application. (tax.illinois.gov)