

ZONE NAME: Williamson County Enterprise Zone

DATE: \_\_\_\_\_

**ENTERPRISE 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 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 rehabilitation/remodeling of existing structures, new construction, major paving, or new equipment. Use an additional sheet if necessary. \_\_\_\_\_

\_\_\_\_\_

12. Project Classification: Commercial \_\_\_ Industrial \_\_\_

13. Expected Date of Project Start: \_\_\_\_\_

Completion: \_\_\_\_\_

14. Estimated Cost of:

Remodeling/Rehabilitation:

Building Materials Costs: \_\_\_\_\_

Labor Costs \_\_\_\_\_

Other Costs: \_\_\_\_\_

Total: \_\_\_\_\_

Capital Equipment: \_\_\_\_\_

Site: \_\_\_\_\_

New Construction:

Building Materials Costs: \_\_\_\_\_

Labor Costs \_\_\_\_\_

Other Costs: \_\_\_\_\_

Total: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

15. 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: \_\_\_\_\_

d. Estimated Employees at project conclusion: \_\_\_\_\_

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 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 copy of building permit)**
- D. Total Dollar Value of Permit Fees Waived: \_\_\_\_\_

**PART III – ENTERPRISE ZONE FEES – Effective May 22, 2017**

Pursuant to Illinois Public Act 97-905, Enterprise Zones are permitted to collect fees for sales tax abatement certificates that are issued to the project applicants within designated enterprise zones. The Williamson 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. Fees for projects located in the Williamson County Enterprise Zone will be paid to Greater Egypt Regional Planning and Development Commission (the Williamson County Enterprise Zone Administrator).

- A. Building Material Costs (from Part I, #14) \_\_\_\_\_  
Fee = (A) x (.005) = \_\_\_\_\_

Note to Applicant: The Applicant should be aware they are required to submit a “Close-Out” Report to the Zone Administration within 45 days after the project is completed. (see attached)

The Project Information Form, Building Permit, check made payable to the Greater Egypt Regional Planning and Development Commission and the Contractor/sub-contractor information should be submitted to:

Greater Egypt Regional Planning and Development Commission  
3000 West DeYoung Street, Suite 800 B-3  
Marion, IL 62959

ADDITIONAL INFORMATION TO BE SUBMITTED WITH PROJECT INFORMATION FORM

CONTRACTOR/SUB-CONTRACTOR INFORMATION

As of July 1, 2013, the Building Materials Exemption Certificate is now issued by the Illinois Department of Revenue. The following information is needed for the contractor and sub-contractor(s) that may be working on the project and purchasing building materials.

Project Name: \_\_\_\_\_

Project Address \_\_\_\_\_

Prime Contractor \_\_\_\_\_ Sub-Contractor \_\_\_\_\_

Name \_\_\_\_\_

Address: (street address, not just P.O. Box) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

FEIN Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contract Costs:

Remodeling/Rehabilitation:

Building Materials \_\_\_\_\_

Labor Costs \_\_\_\_\_

Other Costs: \_\_\_\_\_

Total: \_\_\_\_\_

New Construction:

Building Materials \_\_\_\_\_

Labor Costs \_\_\_\_\_

Other Costs: \_\_\_\_\_

Total: \_\_\_\_\_

Equipment: \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

**WILLIAMSON COUNTY ENTERPRISE ZONE – PROJECT CLOSEOUT INFORMATION**

(to be completed by Business when project is finished)

Business Name:

Mailing Address:

City: State Zip Code

FEIN NUMBER: Business Unemployment Number:

Email:

Name of Project:

Address: City : State

Building Permit Issue Date FTE Covered Employees at Project Initiation:

Estimated Project Completion Date:

Estimated Building Materials Costs:

Estimated Labor Cost:

Estimated FTE Covered Employees at Project Conclusion:

**Actual Project Completion Date**

**Actual Building Materials Costs**

**Actual Labor Costs**

**Actual FTE Covered Employees at Project Conclusion**

The estimated numbers were taken from the Enterprise Zone Project Information Form submitted by your business. You will need to complete the **Actual** information.

When your project is completed, return completed form to the Greater Egypt Regional Planning and Development Commission, 3000 West DeYoung, Suite 800 B-3, Marion, IL 62959 or email to [margiemitchell@greateregypt.org](mailto:margiemitchell@greateregypt.org). Questions, please contact our office 618-997-9351.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_