

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
3117 Civic Circle Blvd., Suite A
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 _____

IRS FEIN or SSN 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 IL Zip Code

FEIN NUMBER: Business Unemployment Number:

Email:

Name of Project:

Address: City : State IL

Building Permit Issue Date: FTE Covered Employees at Project Initiation:

Estimated Project Completion Date:

Estimated Building Materials Costs:

Estimated Labor Costs:

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, 3117 Civic Circle Blvd., Suite A, Marion, IL 62959 or email to margiemitchell@greateregypt.org. Questions, please contact our office 618-997-9351.

Signed by _____ Date _____

Print Name _____ Title _____