CARBONDALE – MURPHYSBORO - JACKSON COUNTY 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 Federal Identification Number (FEIN): _____

8. Business Unemployment Insurance Number: _____

9. NAICS CODE (6 digit Industry Code): _____ _____

10. 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. _____
_____
_____

11. Project Classification: Commercial ____ Industrial ____

12. Expected Date of Project Start: _____
Completion: _____

13. Estimated Cost of:

Remodeling/Rehabilitation:
- Building Materials Costs: _____
- Other Costs: _____
- Total: _____

Capital Equipment: _____
Site: _____
Total Project Cost: _____ __

New Construction:
- Building Materials Costs: _____
- Other Costs: _____
- Total: _____

14. 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: _____

15. Does this project involve a move from another location?
Yes __ No __. If Yes, indicate city and state. _____

16. **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.

(over)

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

A.EAV of Property prior to Project Start: Land _____
Improvements _____
Total _____

B. Estimated EAV of Project Improvements: 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 Yr.
F. 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: $_____