



EZ PROJECT NO. \_\_\_\_\_

This form must be **completed** and **returned** prior to receiving a Building Permit. For further information on Enterprise Zone Tax Abatement, contact Zone Administrator at 618-533-7623.

### Greater Centralia Area Enterprise Zone

#### COMMERCIAL/INDUSTRIAL PROJECT APPLICATION FOR REAL ESTATE TAX ABATEMENT

#### **PART I – TO BE COMPLETED BY APPLICANT**

A. Name of Applicant: \_\_\_\_\_

B. Street Address: \_\_\_\_\_

C. City: \_\_\_\_\_

D Name of Business/Company (If different from applicant): \_\_\_\_\_

E. Street Address of Proposed Project: \_\_\_\_\_

F. Boundaries of Proposed Project Area (Attach legal description of property if available or provide general description using streets, alleys, railroads, or other such features. Be sure to include any existing facilities which are to be incorporated into the project):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Description of Proposed Project (Provide a general description of the proposed project including the general nature of improvements relating to any rehabilitation/remodeling of existing structures, new construction, major paving, or new equipment. (Use an additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Number of Full-Time Equivalent Jobs **Presently** at Project Location:

Professional \_\_\_\_\_ Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_ Total \_\_\_\_\_

I. Number of Jobs to be **Retained** as a Result of this Project:

Professional \_\_\_\_\_ Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_ Total \_\_\_\_\_

J. Number of Full-Time Equivalent Jobs to be **Created** within 24 (twenty-four) months of Rehabilitation/Construction Completion as a Result of this Project:

Professional \_\_\_\_\_ Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_ Total \_\_\_\_\_

K. Federal Employment Identification Number: \_\_\_\_\_

L. Unemployment Insurance Number: \_\_\_\_\_

M. Current Estimated Cost of Improvements: (Provide Breakout for Appropriate Categories):

Remodeling/Rehabilitation \$ \_\_\_\_\_ Site Acquisition Costs \$ \_\_\_\_\_

New Construction \$ \_\_\_\_\_ Capital Equipment \$ \_\_\_\_\_

**TOTAL ESTIMATED PROJECT COSTS** \$ \_\_\_\_\_

N. Will Project be Financed in Part through State/Federal Loan Program (i.e. CDAP, SBA, UDAG, etc.)

If so, list the Program and Amount:

\_\_\_\_\_  
\_\_\_\_\_

O. Does this Project Involve a move from another location?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from what city and state? \_\_\_\_\_

P. Estimated Completion and Occupancy Date: \_\_\_\_\_

Q. Signature of Applicant (Or Applicant's Authorized Representative):

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

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

