



Effingham/Effingham County Enterprise Zone
FORM A: Project Application

PROJECT # _____
will be issued by EZ Administrator

Please Print

Enterprise Zone Business Project Name: _____

Project Address: _____

Building Permit Issue Date: _____ Building Permit #: _____

Project Contact Person: _____

Contact Person Email: _____

Contact Person Phone #: _____ Cell Phone #: _____

Business Legal Name: _____

Business Address: _____

Business FEIN #: _____ IL Unemployment Insurance Number: _____

Business Owner (if different than contact)

Name of Individual or Company: _____

Phone #: _____ Cell #: _____ Email address: _____

Description of project (i.e. rehab, new construction, expansion, new location etc.):

Estimated Date of Project Start: _____ Estimated Completion Date: _____

Date must not be earlier than cert date

NAICS Code Number: _____ (NAICS codes are the classification system for economic statistics classified by industry. Find your industry code by visiting naics.com/search.htm)

Does this project involve a move from another location?

If yes, indicate city and state of previous location:

FORM A

Estimated Cost of Project: Amounts must coincide with building permit. (Enterprise Zone Fee is on the building materials cost for remodeling and new construction only.)	
1. New Construction/Addition	
2. Remodel/Rehabilitate	
3. Building Material Cost	
4. Labor Cost	
5. Site Cost (Purchase and Preparation)	
6. Purchase of Capital Equipment	

JOBS:	
Current number of full-time equivalent jobs	
Jobs retained due to the project	
Jobs created within one year due to the project	
Total full-time equivalent jobs at project completion	

As the owner or authorized agent for the owner, I hereby certify that the information provided in this application for Enterprise Zone benefits for the property shown is accurate. I acknowledge that I will be required to report closing cost and jobs created numbers to Sasha Althoff, Enterprise Zone Administrator, at project completion and all Enterprise Zone Benefits (property tax exemption, sales tax exemption, ect.) to the Illinois Department of Revenue by May 31st of the following year by visiting <http://www.revenue.state.il.us/Businesses/Incentives/>. I understand that failure to report and report accurately can result in losing the ability to participate in the Enterprise Zone program in the future.

Signature: _____
Project Representative Title Date

NOTE: Please attach a copy of the approved Building Permit, a separate Building Materials Exemption (BMEC) Application form (FORM B) for each contractor purchasing materials for the project and the application fee must accompany this application before project will be approved to go forward with Sales Tax Application to the Illinois Department of Revenue (IDOR).

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To be filled in by Enterprise Zone Administrator

Total Building Materials Cost: \$ _____ X .005 =
\$ _____



Enterprise Zone Fee (non-refundable) Not to Exceed \$50,000

Total Building Materials Cost: \$ _____ X 6.5% =
\$ _____

Estimated Sales Tax Savings

Project Classification: Commercial _____ Industrial _____

Is project located in a TIF District? _____ No _____ Yes (if yes there will be no property tax abatement)

The project identified in this EZ Project Application meets all the requirements for the building materials exemption as contained in the enterprise zone ordinance of the jurisdiction in which the building project is located.

Signature: _____

Sasha Althoff, Effingham/Effingham County Zone Administrator Submission Date to IDOR
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