

CALUMET REGION ENTERPRISE ZONE APPLICATION

calumetregionezone@gmail.com www.calumetezone.org

708-653-3122

DATE _____

PART I – PROJECT INFORMATION

To be completed by Project Representative (Property owner OR business owner)

1. NAME OF OWNER _____ PERSONAL PHONE # _____
2. NAME OF BUSINESS _____ BUSINESS PHONE # _____
3. STREET ADDRESS _____
4. CITY _____ STATE _____ ZIP _____ E MAIL _____
5. NAME OF PROPOSED BUSINESS/COMPANY (If different from applicant)

6. STREET ADDRESS OF PROPOSED PROJECT _____
 - 6a. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) _____
 - 6b. UNEMPLOYMENT INSURANCE NUMBER (UIN) _____
 - 6c. STANDARD INDUSTRY CODE (SIC CODE) _____

CONTRACTOR/S: List general contractor and all subs. Each must have their own BMEC (Building Materials Exemption Certificate). (Use a separate sheet to list, if necessary).

7. CONTRACTOR/SUB CONTRACTOR NAME _____ FEIN# _____
 - 7a. Estimated # of construction jobs this project will create _____
8. PHONE _____ ADDRESS _____
EMAIL _____ COST OF CONTRACT _____
COST OF BUILDING MATERIALS _____ **do not purchase materials prior to application submission*
9. General description of proposed project, including any rehabilitation/remodeling of existing structures, new construction, major paving or new equipment. (Use additional sheet if necessary).
TYPE AND STYLE OF CONSTRUCTION _____
BUILDING SIZE _____ LOT SIZE _____
TYPE OF BUSINESS _____
DESCRIBE OTHER FEATURES _____
10. PROJECT CLASSIFICATION
COMMERCIAL _____ INDUSTRIAL _____ RETAIL _____
12. EXPECTED START DATE OF PROJECT _____ EXPECTED COMPLETION _____

13. ESTIMATED COST (LABOR AND MATERIALS) FOR **do not purchase materials prior to application submission*

A. REMODELING/REHABILITATION: Labor _____ Materials _____

B. NEW CONSTRUCTION: Labor _____ Materials _____

C. CAPITAL EQUIPMENT: _____ D. SITE COST OR VALUE (IF PRE-OWNED) _____

14. NUMBER OF FULL-TIME EQUIVALENT JOBS

A. PRESENTLY AT PROJECT LOCATION _____ B. *RETAINED _____

C. **CREATED WITHIN TWO YEARS OF PROJECT COMPLETION _____

**Retained = number of jobs that will remain in the zone because of the new investment being made, that otherwise would be lost.*

***Created = number of jobs for which persons are newly hired (not transferred in-State) or are expected to be hired within 2 years because of the new investment, not including construction jobs or spin-offs that may be created.*

15. DOES THIS PROJECT INVOLVE A MOVE FROM ANOTHER LOCATION?

YES _____ NO _____ If yes, indicate city and state. _____

16. IS THIS PROJECT LOCATED IN A TIF _____? HAVE YOU RECEIVED, OR WILL YOU APPLY FOR ANY OTHER REAL ESTATE TAX INCENTIVE _____? If yes, please explain. _____

FROM YOUR MOST CURRENT TAX BILL

17. PROPERTY TAX IDENTIFICATION NUMBER _____

18. _____
Print Name of Project Representative Title

Signature of Project Representative Date

19. ZONE ADMINISTRATION FEE: *MAKE CHECK PAYABLE TO: CALUMET REGION ENTERPRISE ZONE*

Please enclose your check for 0.5% of Estimated Building Material Cost (Line 13A and/or Line 13B).

\$ _____ (\$200.00 Minimum)

FEE MAILED TO CALUMET REGION ENTERPRISE ZONE
C/O SSMMA Chris Poshek
1904 174th Street, East Hazel Crest, Illinois 60429

708-653-3122 708-597-5962/fax

APPLICATION E MAILED TO calumetregionezone@gmail.com www.calumetezone.org

PART II MUST BE COMPLETED & RETURNED TO ZONE OFFICE WHEN PROJECT IS FINISHED

CALUMET REGION ENTERPRISE ZONE PROJECT REPORT

PROJECT NAME _____

PROJECT ADDRESS _____

CONTACT PERSON NAME _____

PHONE _____ **EMAIL** _____

**PART II – PROJECT COMPETION INFORMATION
TO BE COMPLETED BY APPLICANT WHEN PROJECT IS FINISHED**

A. DATE OF PROJECT COMPLETION _____

B. TOTAL BUILINDG MATERIAL COSTS _____

TOTAL LABOR COSTS _____

OF EMPLOYEES PRIOR TO CONSTRUCTION _____

OF EMPLOYESS AT PROJECT COMPLETION _____

Return to Calumet Region Enterprise Zone

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Questions 708-653-3122

Updated 10/19/2018