



ENTERPRISE ZONE

BELVIDERE/BOONE COUNTY ENTERPRISE ZONE #4

A P P L I C A T I O N

v062322

Internal Use
Project ID: _____

Enterprise Zone (EZ) Project Information

Name of EZ Project: _____

EZ Project Address: _____ Suite (if applicable): _____

City: _____ Zip Code: _____

EZ Property Identification Number: _____ - _____ - _____ [Find your PIN](#) <https://boone-gis.maps.arcgis.com/apps/webappviewer/index.html?id=1008e7ab089e4e148bb204f9aba489d0>

Description of EZ Project: _____

Project Classification (choose one): Industrial Commercial

Building Permit Issue Date _____

Is this project a result of a move from a different location? Yes No

If yes, provide City and State of Previous Address: _____

Estimated Project Completion Date: _____ Square Feet Added (if applicable): _____

Enterprise Zone (EZ) Business & Property Owner Information

Legal Business Name: _____

Business Address: _____ Suite (if applicable): _____

City: _____ State: _____ Zip Code: _____

Federal Employer Identification Number (FEIN): _____

Unemployment Identification Number (UIN), if applicable: _____

Business' NAICS Code: _____ [Find your NAICS Code \(Business Type\)](#) <https://www.naics.com/search/>

Name of Business Owner: _____

Owner Email: _____ Owner Phone: _____

Business Contact (if different from owner): _____

Contact Email: _____ Contact Phone: _____

Business Owner Signature

Date

Enterprise Zone Business Employment Estimates

Number of full-time employees or full-time equivalent (FTE) working at the project site prior to construction (do not include construction-related workers): _____

Number of **new** full-time or FTE employees to be created upon completion of the full project (do not include construction-related workers): _____

Number of full-time or FTE employees **to be retained** upon completion of the full project (do not include construction-related workers): _____

Contractor / Sub-Contractor Information

Contractor Business Name: _____

Contractor Business Address: _____ Suite (if applicable): _____

City: _____ State: _____ Zip Code: _____

Federal Employer Identification Number (FEIN): _____

Unemployment Identification Number (UIN), if applicable: _____

Contractor Contact Name: _____ Email: _____ Phone: _____

How many construction workers / laborers will your company utilize for this project? _____

Cost Estimates

Are the costs outlined below for the entire project or a specific job as part of the project?

Project

Job

CONTRACTOR / SUB-CONTRACTOR COSTS

Contract Amount (not including labor costs).....

(a)

Estimated Construction Labor Costs.....

(b)

CAPITAL COSTS

Estimated Cost of New Construction.....

(c)

Estimated Cost of Renovation/Rehabilitation.....

(d)

Estimated Cost of Site/Site Improvements.....

(e)

Estimated Cost Capital Equipment.....

(f)

Total Estimated Capital Investment.....

(g) =

(b thru f)

ESTIMATED SALES TAX EXEMPTION

Estimated Cost of Qualifying Building Materials.....

(h)

Estimated Sales Tax is 8.25%.....

x 0.0825

Estimated Amount of Sales Tax Exemption
for Qualifying Building Materials.....

(i) =

h * .0825

Building materials that are eligible for sales tax deduction include items that are permanently affixed to real property such as lumber, mortar, glued-down carpet, paint, wallpaper and similar affixed items. Estimated sales tax shown is the rate for Boone County, Illinois, as of June 1, 2022. Sales tax rates may change dependent on the Illinois taxing jurisdiction in which materials are purchased.

FEE CALCULATION

Estimated Cost of All Building Materials.....

(j)

EZ Processing Fee is 0.5%.....

x 0.005

Total EZ Processing Fee*.....

(k) = j * .005

max. \$50,000

* All applications will be processed once Growth Dimensions receives the Enterprise Zone fee. Fees are subject to change based on construction material actual numbers. Applications will be processed in the order they are received. Incomplete applications will not be processed until all required information has been submitted. By signing below, you acknowledge that you will pay the processing fee and understand that failure to do so will result in delays or non-issuance of the half-off building permit rates. Additionally, you acknowledge that you will return to Growth Dimensions at the end of your project to close out your project. You also acknowledge that you are required to report with the Illinois Department of Revenue and follow their reporting guidelines.

Name of Entity Responsible for Payment of Fee: _____

Applicant Name

Belvidere/Boone County Enterprise Zone Representative

Applicant Signature & Date

EZ Representative Signature & Date

*By signing above, the project owner(s) acknowledge this form was completed truthfully. Project owner(s) will report abatements and incentives annually at <http://tax.illinois.gov> (by May 31st). Upon completion of the project, project owner(s) shall complete and return the Project Closing Form, which provides investment and job creation final totals. Failure to meet these requirements may result in incentive(s) suspension.

BUILDING MATERIALS EXEMPTION CERTIFICATE NUMBER