

Internal Use  
Project ID: \_\_\_\_\_

Managed by,



## Enterprise Zone (EZ) Project Information

## APPLICATION

v111023

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

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

Building Permit Issue Date _____
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If yes, provide City and State of Previous Address: \_\_\_\_\_

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

## Enterprise Zone (EZ) Business or 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 or Representative: \_\_\_\_\_

Owner Email: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Business Contact (if different from owner/rep): \_\_\_\_\_

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

**BUILDING MATERIALS EXEMPTION CERTIFICATE NUMBER**

\*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.