



12159 South Pulaski Road
Alsip, Illinois 60803
708-653-3122 • Fax 708-597-5962
www.calsagezone.org • E-mail calsagezone@aol.com

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. ENTERPRISE ZONE ADMINISTRATION FEE *MAKE CHECK PAYABLE TO: CAL-SAG 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 CAL-SAG ENTERPRISE ZONE
 12159 South Pulaski Road, Alsip, Illinois 60803
 708-653-3122 708-597-5962/fax

APPLICATION E MAILED TO calsagezone@aol.com

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

CAL SAG 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 Cal Sag Enterprise Zone calsagezone@aol.com

Questions 708-653-3122

10/19/2018

