

MACOMB/BUSHNELL ENTERPRISE ZONE PROJECT APPLICATION

The building materials exemption certificate (BMEC) will not be issued until the completed application and application fee has been received by the Enterprise Zone Administrator. Once processed, you will receive your BMEC via email from the Illinois Department of Revenue (this can take up to 72 hours).

PROJECT INFORMATION

Date: _____

Parcel ID #: _____ Property Owner/Business: _____

FEIN #: _____ Project Site Address: _____ Macomb, IL 61455

Contact: _____ Email: _____ Phone: _____

Type of Project: Commercial Industrial

Check all that apply: Agriculture Capital Equipment New Construction Rehab/Remodeling Site

Detailed Project Description (Be more specific than 'remodeling'): _____

TOTAL OVERALL PROJECT COSTS

(General Contractor ONLY—total must include all subcontractors as well GC costs)

Total Estimated Cost of Improvements
(Must equal breakout. Round to nearest dollar) \$ _____
Labor \$ _____
Materials \$ _____

CONTRACTOR COSTS ONLY

(Your individual portion of costs for the project. Make sure to take out subcontractor costs if you are the general contractor)

Total Estimated Cost of Improvements
(Must equal breakout. Round to nearest dollar) \$ _____
Labor \$ _____
Materials \$ _____

CONTRACTOR INFORMATION

All contractors and subcontractors must fill-out individual project applications with their own cost of improvements.

Also, Illinois law requires all contractors to file a BMEC report annually. www2.illinois.gov/rev/businesses/incentives/pages/default.aspx

Contractor: _____ Contact Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

FEIN or Social Security #: _____ (must be nine digits) Applicant ID #: _____ (must be seven digits)

Are you the General Contractor or Subcontractor for this project? General Contractor Subcontractor

Please list the General Contractor or Subcontractor(s) for this project: _____

Project Representative: _____

Printed Name

Signature

PROJECT APPLICATION FEE

Applies only to building material costs of \$5K or more. Individual contractor costs only.

Building Materials: \$ _____ x .5% = \$ _____ Check Number: _____

Include Application # on Check

MACOMB/BUSHNELL ENTERPRISE ZONE PROJECT APPLICATION

ORIGINATING OFFICE

Date Application Submitted: _____ Date Sent to Zone Administration Office: _____

Originating Office: Bushnell City Hall Macomb Community Development Office Zone Administration Office (MAEDCO)

Copy sent to township assessor: Copy sent to county assessor:

Corresponding Clerk or Community Development Coordinator:

Printed Name *Signature*

MACOMB COMMUNITY DEVELOPMENT OFFICE ONLY

Has a permit been issued for this project? Yes No Project #: _____

Permit Type: Electrical Plumbing General Other: _____

Permit Issue Date: _____ Permit Expiration Date: _____

ZONE ADMINISTRATION OFFICE USE ONLY

The following questions pertain to the business/industry where the project is being completed:

Number of Full-time Equivalent (FTE) jobs presently at project? _____

Number of FTE jobs to be retained as a result of this project? _____