

APPLICATION

DATE _____

PROJECT INFORMATION

To be completed by Project Representative

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) _____

7. NAME OF CONTRACTOR/S (List general contractor and all subs. Each must have their own BMEC (Building Materials Exemption Certificate). Use Calumet Region Enterprise Zone-Tax Exempt Subcontractor form to submit the information for Building Material Exemption Certificates for all contractors.

GENERAL CONTRACTOR/ NAME _____ FEIN# _____

PHONE _____ ADDRESS _____

EMAIL _____

8. 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 _____

9. PROJECT CLASSIFICATION

COMMERCIAL _____ INDUSTRIAL _____ RETAIL _____

10. EXPECTED START DATE OF PROJECT _____ EXPECTED COMPLETION _____

11. ESTIMATED COST (LABOR AND MATERIALS) OF

