

## **Grundy County Application for Tax Abatement**

**This application is an official part of the Tax Abatement process. Incomplete or inaccurate information may be cause for rejection of the application. It also is a representation that the applicant intends to implement the representations made in the application. Failure to implement these representations or to continue them during the term of any Tax Abatement that is offered will be sufficient basis for termination of the Abatement Agreement and repayment of any taxes that have been abated.**

**\*Upon successful completion of the tax abatement process, the applicant will be required to join the GEDC for the term of the abatement. Investment will be based on the type and size of the project.**

**Exhibit B**

**Grundy County Application for Tax Abatement**

Name of Company: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

\_\_\_\_\_

Company Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Proposed Location in Grundy County: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN #: \_\_\_\_\_

Which taxing bodies' service this location? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed start of Construction: \_\_\_\_\_

Proposed start up of Operations: \_\_\_\_\_

What product(s) or services will be produced in the proposed facility?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT

What specific jobs will be created? If stepped employment is planned please provide details. Use additional pages if necessary.

Job Title	Mgt., Supv. or Worker	Occupational Code	Number of Jobs		Wages/ Salaries		Number employed from within boundaries of taxing bodies
			Initial	Within One year	Starting Not inc. benefits	Maximum	

Explanation and details of work force.

## EMPLOYEE BENEFITS

Please summarize benefits below and attach copies of insurance and pension plans.

<b>Fringe Benefit</b>	<b>Type of Benefit</b>	<b>Company Portion (Annual %)</b>	<b>Employee Portion (Annual %)</b>
Medical Insurance			
Dental Insurance			
Vision Insurance			
Pension Plan Defined Benefit 401(K)			
Disability			
Life Insurance			
Other Benefits (please specify)			

## VALUATION ANALYSIS

Assessed valuation shall be judged on the basis of impact upon the public services, which will be required (i.e., if judged that impact upon schools, roads, law enforcement, etc., will be great but assessed valuation will be low, a low rating will be assigned.)

Land size \_\_\_\_\_  
Building size \_\_\_\_\_  
Building height \_\_\_\_\_  
Type of Construction \_\_\_\_\_  
Capacity (if relevant eg. wattage, barrels per day) \_\_\_\_\_

Provide a construction budget that shows the allocation of cost for each phase of the process.

Is the property one of the following?

New facility \_\_\_\_\_  
Expansion of an existing facility \_\_\_\_\_  
Previously closed facility \_\_\_\_\_

The current assessed valuation of the property:

Land \_\_\_\_\_  
Improvements \_\_\_\_\_  
Total \_\_\_\_\_

What is the estimated cost of the completed facilities?

Cost of land and site development \$ \_\_\_\_\_  
Cost of buildings \$ \_\_\_\_\_  
Cost of permanent fixed equipment \$ \_\_\_\_\_  
Cost of pollution control devices \$ \_\_\_\_\_  
Cost of non-fixed equipment \$ \_\_\_\_\_  
**Cost of installation/construction** \$ \_\_\_\_\_  
**Total Cost** \$ \_\_\_\_\_

## **IMPACT UPON SERVICES**

What new or additional utilities and/or infrastructure will be needed?  
(Roads, natural gas, rail spurs, etc.)

How will they be funded?

Is the proposed facility close to or within a municipality or is it in a designated industrial Park?

## **IMPACT UPON THE ENVIRONMENT**

- A. Will there be any pollution of air, water, soil, sound, etc.? If so, please describe?
  
  
  
  
  
  
  
  
  
  
- B. Will hazardous chemicals, products, or waste be used or produced? If so, please specify and indicate how they will be managed. If an E.P.A. permit is necessary, please attach the permit, or if not yet received, attach a copy of the application.
  
  
  
  
  
  
  
  
  
  
- C. Will any waives or exceptions from either Federal or State E.P.A. be needed?  
If so, please specify and attach any E.P.A. phase reports.
  
  
  
  
  
  
  
  
  
  
- D. Are you familiar with Grundy County and other local performance standards? (Refer to Section X of the Grundy County zoning ordinance and any applicable municipal code.) Will the proposed facility meet or exceed these standards? Please explain.

**APPROPRIATE LOCATION**

**Exhibit A**

What is the legal description of the proposed facility?

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Which planning and zoning authority (municipality or county) has jurisdiction of this site?

What is the current zoning?

If not currently zoned for the intended use, what is the planned use in the Comprehensive plan?

Please attach a site plan and a sketch or artists conception of the building(s), landscape plans etc.

I, \_\_\_\_\_, certify that I am an official of the applicant business with authority to make application for a property tax abatement, that I have read this application and that the application and any attachments hereto are true and correct. I further understand that inaccurate information or misrepresentations may be cause for rejection of the application: I further understand that failure to implement these representations will be sufficient basis for termination of the abatement agreement and repayment of any taxes, which have been abated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title