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## Salem/Marion County Enterprise Zone Project Application

### *Part I: Application*

*Please Print*

**Enterprise Zone Business Project Name:** \_\_\_\_\_

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

Project Contact Person: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Contact Person Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Business Legal Name:** \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business FEIN #: \_\_\_\_\_ IL Unemployment Insurance Number: \_\_\_\_\_

**Business Owner** (if different than contact)

Name of Individual or Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email address: \_\_\_\_\_

Description of project (i.e. rehab, new construction, expansion, new location etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of project (Please be descriptive. Information may include legal description, parcel number, mailing address, etc. Attach aerial photo if available.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Date of Project Start: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Does this project involve a move from another location? (Yes/No) \_\_\_\_\_

If yes, indicate city and state of previous location: \_\_\_\_\_



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**Part II - To be completed by Enterprise Zone Administrator/City Staff**

- A. Date application received by Zone Administrator: \_\_\_\_\_
- B. Date Building Permit Issued: \_\_\_\_\_ Building Permit #: \_\_\_\_\_
- C. Construction Value of Projects: \_\_\_\_\_
- D. Classification of Project:  Commercial       Industrial       Other \_\_\_\_\_
- E. Anticipated Project Completion Date: \_\_\_\_\_
- F. Assigned Enterprise Zone Project Number: \_\_\_\_\_

\_\_\_\_\_  
Signature – Zone Administrator

\_\_\_\_\_  
Date

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**Part III - To be completed by Supervisor of Assessments and County Clerk**

- A. Parcel Identification Number(s): \_\_\_\_\_
- B. Current EAV of Project Site: Land: \_\_\_\_\_  
Improvements: \_\_\_\_\_  
Total: \_\_\_\_\_
- C. Estimated EAV of Project Site following Project Improvements  
Land: \_\_\_\_\_  
Improvements: \_\_\_\_\_  
Total: \_\_\_\_\_

**Upon completion of the Project and Reassessment:**

- D. Actual EAV (tax year in which Project was completed):  
Land: \_\_\_\_\_  
Improvements: \_\_\_\_\_  
Total: \_\_\_\_\_

**Certification of Data (Part III, Sections A-D)**

\_\_\_\_\_  
Signature – Supervisor of Assessments

\_\_\_\_\_  
Date

**To be completed by County Clerk:**

- E. Tax Rate Amount Currently Eligible for Abatement: \_\_\_\_\_ /\$100 EAV
- F. \*Estimated Amount of Abatement for this Project: \$ \_\_\_\_\_ Yr.  
TOTAL: \$ \_\_\_\_\_ 10 Years
- G. Actual Amount of Abatement for this Project: \$ \_\_\_\_\_ Yr.  
TOTAL: \$ \_\_\_\_\_ 10 Years

**Certification of Assessment (Part III, Sections E-G)**

\_\_\_\_\_  
Signature – County Clerk

\_\_\_\_\_  
Date