

MONROE COUNTY ECONOMIC DEVELOPMENT COMMISSION

APPLICATION FOR TAX ABATEMENT/ DESIGNATION AS AN ECONOMIC REVITALIZATION AREA

Please type all information in the spaces provided. Attach additional pages at the end.

1. OWNERSHIP: If a partnership, include all general partners; if a corporation, include all owners.

Owner Name:
Address:
Telephone:
Percent Ownership:

Owner Name:
Address:
Telephone:
Percent Ownership:

Owner Name:
Address:
Telephone:
Percent Ownership:

2. PROPERTY DESCRIPTION: Please attach to this application a legal description of the real property.

Street Address:
Dimensions:
Acreage:

*** A MAP AND LEGAL DESCRIPTION OF THE PROPERTY MUST BE INCLUDED BEFORE APPLICATION CAN BE PROCESSED.**

3. CURRENT PROPERTY STATUS

Is the property located within Monroe County and not within the corporate limits of a city or town? (Yes or No)

What is the current zoning designation of the property?

Describe any anticipated zoning changes required.

Describe the company's products/services and how the proposed expansion will benefit the company.

Describe the current use(s) of the property, including the names and types of any businesses operating and the number of jobs they employ.

State the current use and age of all buildings and permanent structures on the property.

List the current assessed valuation of the land and any improvements already on it.

List the current assessed valuation of existing land, buildings and/or equipment that will be retained by the company.

List any public improvements and costs that will be necessary (roads, utilities, etc.).

4. PROPOSED IMPROVEMENTS

If the tax abatement will be for **real estate**, describe 1) proposed improvements, 2) projected costs (usually a contractor's quote), and 3) what the building will be used for and reason for the expansion.

If the tax abatement will be for **equipment**, describe 1) equipment to be purchased, 2) the projected costs of that equipment (usually a vendor's quote), and 3) what the equipment does and why it is necessary.

Project starting date:

Project completion date:

5. ECONOMIC IMPACT

On the lines below, list all new full-time, permanent positions to be hired as a result of the proposed project.

Position Title (example: Warehouse, Operator, etc.)	Number to be Added	Starting Hourly Wage
		\$
		\$
		\$
		\$
		\$

State the estimated percentage of current employees who live in Monroe County and describe how the company will advertise new job openings.

On the worksheet below, list and describe all fringe benefits to be offered new, full-time hires in the first year of employment. 'Hourly Value' and 'Cost Shared by Employee' are usually calculated by dividing the annual cost of the benefit per employee by 2,080 (the number of full-time working hours in a year). 'Participation Rate' refers to the percentage of employees who take advantage of some or all of the benefit.

If different benefit packages will be offered to employees filling different positions, complete a separate worksheet for each benefit package.

Please use the form provided - do not use attachments to report this information.

POSITION TITLE:

Name of Benefit	Hourly Value	Cost Shared By Employee	Participation Rate
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

Total value of benefits for each new hire in this position	\$
Base hourly wage for each new hire in this position (from page 4)	\$
Total hourly wage for each new hire in this position	\$

State any additional comments about fringe benefits below:

Describe any other beneficial or detrimental economic effects that the project would likely have on Monroe County.

6. Complete side one of the Form SB-1 Statement of Benefits.

*** A COMPLETE FORM SB-1, BEARING AN ORIGINAL SIGNATURE, MUST BE INCLUDED BEFORE APPLICATION CAN BE PROCESSED**

7. CONTACT PERSON: This individual is responsible for preparing and submitting annual filings and for providing information needed to conduct annual compliance reporting.

Name:
Title:
Address:
City, State, Zip:
Telephone Number:
Fax Number:
Email Address:

8. CERTIFICATION AND SIGNATURE

I hereby certify that the representations made in this application are true, and that if the above improvements are not commenced (defined as obtaining a permit and actually starting 'construction') within twelve (12) months of the date of the designation of the above area as an Economic Revitalization Area, the Monroe County Council shall have the right to void such designation of the area and terminate the applicant's property tax abatement.

Dated this ____ day of _____, 20__.

Owner: _____

Owner: _____

Owner: _____