



12159 South Pulaski Road  
Alsip, Illinois 60803  
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DATE \_\_\_\_\_

**PART I – PROJECT INFORMATION**

To be completed by Project Representative (Property owner OR business owner)

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) \_\_\_\_\_
  - 6c. STANDARD INDUSTRY CODE (SIC CODE) \_\_\_\_\_

CONTRACTOR/S: List general contractor and all subs. Each must have their own BMEC (Building Materials Exemption Certificate). (Use a separate sheet to list, if necessary).

7. CONTRACTOR/SUB CONTRACTOR NAME \_\_\_\_\_ FEIN# \_\_\_\_\_
  - 7a. Estimated # of construction jobs this project will create \_\_\_\_\_
8. PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_ COST OF CONTRACT \_\_\_\_\_  
COST OF BUILDING MATERIALS \_\_\_\_\_ *\*do not purchase materials prior to application submission*
9. 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 \_\_\_\_\_
10. PROJECT CLASSIFICATION  
COMMERCIAL \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_ RETAIL \_\_\_\_\_

12. EXPECTED START DATE OF PROJECT \_\_\_\_\_ EXPECTED COMPLETION \_\_\_\_\_

13. ESTIMATED COST (LABOR AND MATERIALS) FOR *\*do not purchase materials prior to application submission*

A. REMODELING/REHABILITATION: Labor \_\_\_\_\_ Materials \_\_\_\_\_

B. NEW CONSTRUCTION: Labor \_\_\_\_\_ Materials \_\_\_\_\_

C. CAPITAL EQUIPMENT: \_\_\_\_\_ D. SITE COST OR VALUE (IF PRE-OWNED) \_\_\_\_\_

14. NUMBER OF FULL-TIME EQUIVALENT JOBS

A. PRESENTLY AT PROJECT LOCATION \_\_\_\_\_ B. \*RETAINED \_\_\_\_\_

C. \*\*CREATED WITHIN TWO YEARS OF PROJECT COMPLETION \_\_\_\_\_

*\*Retained = number of jobs that will remain in the zone because of the new investment being made, that otherwise would be lost.*

*\*\*Created = number of jobs for which persons are newly hired (not transferred in-State) or are expected to be hired within 2 years because of the new investment, not including construction jobs or spin-offs that may be created.*

15. DOES THIS PROJECT INVOLVE A MOVE FROM ANOTHER LOCATION?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, indicate city and state. \_\_\_\_\_

16. IS THIS PROJECT LOCATED IN A TIF \_\_\_\_\_? HAVE YOU RECEIVED, OR WILL YOU APPLY FOR ANY OTHER REAL ESTATE TAX INCENTIVE \_\_\_\_\_? If yes, please explain. \_\_\_\_\_

**FROM YOUR MOST CURRENT TAX BILL**

17. PROPERTY TAX IDENTIFICATION NUMBER \_\_\_\_\_

18. \_\_\_\_\_  
Print Name of Project Representative Title

\_\_\_\_\_  
Signature of Project Representative Date

19. ENTERPRISE ZONE ADMINISTRATION FEE MAKE CHECK PAYABLE TO: *CAL-SAG ENTERPRISE ZONE*

Please enclose your check for 0.5% of Estimated Building Material Cost (Line 13A and/or Line 13B).

\$ \_\_\_\_\_ (\$200.00 Minimum).

**FEE MAILED TO CAL-SAG ENTERPRISE ZONE**

12159 South Pulaski Road, Alsip, Illinois 60803

Ph: 708-653-3122 Fax: 708-597-5962

APPLICATION E MAILED TO: [calsagezone@aol.com](mailto:calsagezone@aol.com)

**PART II MUST BE COMPLETED & RETURNED TO ZONE OFFICE WHEN PROJECT IS FINISHED**

**CAL SAG ENTERPRISE ZONE PROJECT REPORT**

**PROJECT NAME** \_\_\_\_\_

**PROJECT ADDRESS** \_\_\_\_\_

**CONTACT PERSON NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**PART II – PROJECT COMPETION INFORMATION  
TO BE COMPLETED BY APPLICANT WHEN PROJECT IS FINISHED**

A. DATE OF PROJECT COMPLETION \_\_\_\_\_

B. TOTAL BUILINDG MATERIAL COSTS \_\_\_\_\_

TOTAL LABOR COSTS \_\_\_\_\_

# OF EMPLOYEES PRIOR TO CONSTRUCTION \_\_\_\_\_

# OF EMPLOYESS AT PROJECT COMPLETION \_\_\_\_\_

Return to Cal Sag Enterprise Zone [calsagezone@aol.com](mailto:calsagezone@aol.com)

For questions call: 708-653-3122

Last Revised 10/19/2018