



APPLICATION FOR ECONOMIC REVITALIZATION AREA DESIGNATION

APPLICATION IS FOR: (check either or both)

- Real Estate Improvements (New Building, Addition, and/or Modification)
- New Equipment (Manufacturing, Research and Development, Logistical Distribution, and/or Information Technology)

Please provide the amount invested for each category:

Total cost of real estate improvements: _____

Total cost of manufacturing equipment: _____

Total cost of research and development equipment: _____

Total cost of logistical distribution equipment: _____

Total cost of information technology equipment: _____

Grand total cost of real estate improvements and equipment: _____

GENERAL INFORMATION

1. Real property taxpayer's name: _____
Personal property taxpayer's name: _____
(**Please make sure these names match the SB-1 state forms for tax purposes)
2. Address listed on tax bill: _____
3. Year Company was established: _____
4. Name of Company to be designated, if applicable: _____
5. Address of property where improvements will be made: _____
6. Parcel Identification Number of property: _____

7. Contact person/representative: _____
8. Telephone number: _____
9. Mailing address of contact person:

10. E-mail address: _____
11. Legal description of property is attached: Yes No
12. Current zoning designation: _____
13. In order to be considered an Economic Revitalization Area (ERA), State Law (I.C. 6-1.1-12.1-1) requires that the subject property be located in an area “which has become undesirable for, or impossible of, normal development and occupancy because of age, lack of development, cessation of growth, deterioration of improvements or character of occupancy, age, obsolescence, substandard buildings, or other factors which have impaired values or prevent a normal development of property or use of property”. It also includes any area “where a facility or a group of facilities that are technologically, economically, or energy obsolete are located and where the obsolescence may lead to a decline in employment and tax revenues”.

How does the property for which you are requesting designation meet the above definition of an ERA?

14. Do you plan to request state or local assistance to finance public improvements? _____
15. What is the company’s NAICS (North American Industrial Classification Code)? _____
16. Indicate the nature of the company’s business, in general: _____

17. For "Office" and "Service" businesses, please indicate the percentage of clients/customers that are located within Allen County: _____

18. Description of product or service to be offered at the project site:

19. Dollar amount of annual sales for each of the last three years:

_____ _____ _____

20. What is the percentage of clients/customers served that are located outside of Allen County?

21. List the three largest customers, their locations, and amount of annual gross sales:

Customer	City / State	Annual Gross Sales
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22. List the three largest material suppliers, their locations, and amount of annual purchases:

Supplier	City / State	Gross Purchases
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23. Does the company's business include a retail component, meaning that goods or items are sold to the ultimate consumer for the consumer's use or consumption and not to a person for resale?

_____ (If yes, continue below. If no, then skip to question 23.)

a. What percentage of floor space will be utilized for retail activities?

b. What percentage of sales are made to the ultimate consumer as defined above?

c. Provide the amount of sales tax collected in each of the last three years?
_____ _____ _____

d. What percentage of business is from service calls? _____

24. Impact on existing businesses:

- Will this project be in competition with existing local businesses? _____
- Will this project complement existing local business? _____
- Provide the names of who you consider to be your top three competitors:

REAL PROPERTY INFORMATION

Complete this section **only** if you are requesting a deduction from assessed value for real estate improvements.

25. Current use of the property:

- a. How is the real estate presently used? _____
- b. What structures are on the property? _____
- c. What is (are) the general condition of structure(s)?

26. Describe the proposed improvements to the subject property:

27. Have Allen County building permits been filed for this project? Yes No

28. Projected Construction timeframe:

- a. Construction start date: _____
- b. Construction completion date: _____

29. Will this project require approval of a rezoning, plat, development plan, vacation, variance, special exception, or contingent use prior to the issuance of an Improvement Location Permit? _____
If yes, list: _____

30. Will construction result in Leadership in Energy and Environmental Design (LEED) Certification by the U.S. Green Building Council? Yes No

31. Will construction use techniques to minimize impact on combined sewer overflows? (i.e. rain gardens, bio swales, permeable asphalt/concrete parking lots)? Yes No

32. Will project result in installation of electric vehicle charging stations? Yes No

33. Will project result in construction/installation of a solar energy system? Yes No

34. Will project result in installation of LED lighting in entire facility? Yes No

PERSONAL PROPERTY INFORMATION

Complete this section **only** if you are requesting a deduction from the assessed value of new manufacturing.

research and development, logistical distribution, or information technology equipment.

35. Describe the purpose of the proposed equipment at the project site:

36. Please provide a list of the equipment for which you are applying for a personal property abatement along with the expected life of the asset for purposes of depreciation (attach a separate sheet if necessary):

Proposed Equipment (list individually)

Expected Life of Asset
For Purpose of Depreciation

37. Will any of the equipment listed above be classified as special tooling (as defined by regulation No. 16 and reported on Form 103-T) for property tax purposes? _____

a. If yes, please indicate the total cost of special tooling: _____

38. Has any of the equipment for which you are seeking a designation been installed? _____

39. Has any of the proposed equipment ever been used for any purpose in Indiana? _____
If so, who was it purchased from: _____

40. Development time frame

a. Equipment purchase date: _____ b. Equipment installation date: _____

JOB CREATION AND RETENTION

Please be specific on job descriptions. When listing the occupation codes, please avoid using the "Major Occupational Groupings" (i.e. 11-000, 13-000, etc.) which are more general in nature. Instead, use specific occupation codes (11-1021, 13-1081, etc.) for each created and retained job. To fill out information on occupation and occupation code, use data available through Occupation Employment Statistics for Fort Wayne, IN Metropolitan and Nonmetropolitan Area at the following link:

http://www.bls.gov/oes/current/oes_23060.htm

41. Current full-time employment:

Occupation	Occupation Code	Number Of Jobs	Average Salary	Salary Range

42. Full-time jobs to be created as a result of this project:

Occupation	Occupation Code	Number Of Jobs	Average Salary	Salary Range

43a. Please note any **temporary** positions:

Occupation Current or created?	Occupation Code	Number Of Jobs	Average Salary	Salary Range

43b. Please note any **part-time** positions:

Occupation Current or created?	Occupation Code	Number Of Jobs	Average Salary	Salary Range

44. Anticipated date for reaching employment level in Question 42: _____

45. Check all of the benefits listed below that the company provides to workers who have been employed for 6 months. The company must pay at least 70% of the benefit cost.

<input type="checkbox"/> Paid Vacation	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Uniforms
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Employee Training
<input type="checkbox"/> Paid Holidays	<input type="checkbox"/> Dental Insurance	<input type="checkbox"/> Tuition Reimbursement
<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Vision Insurance	
<input type="checkbox"/> Other (Please List): _____		

COMMUNITY BENEFITS

46. How will the proposed designation further the economic development objectives of Allen County? (Please answer Yes or No, and provide an explanation if the answer is Yes).

- a. Will the designation improve the utilization of vacant or under-utilized land?
- b. Will the designation encourage the improvement of a deteriorated structure or the replacement of an obsolete structure?
- c. Will the designation encourage the improvement or replacement of obsolete manufacturing, research and development, logistical distribution, or information technology equipment?
- d. Will the designation assist in the inducement of a project providing substantial employment opportunities relative to the value of the improvements to be made and/or the equipment to be installed?
- e. Will the designation assist in the inducement of a project which would provide long-term benefits to the tax base of Allen County warranting the granting of the annually decreasing percentage of property tax abatement as provided in I.C. 6-1.1-12.1.

47. The Allen County Council began the Tax Abatement Development Fund in 1992 as a means to fund future economic development efforts which benefit expanding or new industries. The fund is being capitalized with voluntary contributions of either 10% or 5% of the tax savings realized by companies receiving tax abatement. Is the company willing to contribute a portion of its tax savings? (Please check one)

Yes: 10%

5%

No:

REQUIRED ATTACHMENTS

This application will not be considered complete unless signed and the items listed below are attached. Once the application is determined to be complete, then this project will be placed on the agenda of the Allen County Council.

- 1) Application Fee (Make check payable to "Allen County Treasurer")
- 2) Statement of Benefits (SB-1) Form(s) (Fill in pg 1 and sign)
- 3) Legal description of property (Property tax bill will not be accepted)
- 4) Owner's Certificate (if applicant is not the owner of the property)

There is a non-refundable filing fee of \$500 for either real estate improvements or new equipment. If filing for both real estate improvements and new equipment the fee is \$750. A fee may also be assessed if the applicant requests a waiver of non-compliance for failure to apply prior to obtaining building permits and/or installing equipment. The filing fee will be used to defray the costs incurred by Allen County in processing the application pursuant to I.C. 6-1.1-12.1-2(h). Please make the check payable to the **Allen County Treasurer** and include it with the application. Please send check, application, and applicable state forms to:

Department of Planning Services
Attn: Rachel Black
200 E Berry St / Suite 150
Fort Wayne, IN 46802

Filing this application constitutes a request for Economic Revitalization Area designation only and does not constitute an automatic deduction of property taxes. I understand it is the responsibility of the applicant to file the appropriate abatement forms with the Allen County Auditor and the Allen County Assessor if the designation is approved. I certify that the taxpayer is not delinquent on any and/or all property tax due to taxing jurisdictions within Allen County, Indiana.

I hereby certify the information and representations of this application are true and complete and that neither an Improvement Location Permit nor a Structural Permit have been filed for construction of improvements, nor has any manufacturing, research and development, logistical distribution, or information technology equipment which is a part of this application been purchased and installed as of the date of the filing of this application.

I understand that I must file a correctly completed Compliance with Statement of Benefits Form (CF-1) demonstrating compliance with the community benefits described on the SB-1 form and that failure to demonstrate compliance on an annual basis may result in the termination of the tax abatement benefits allowed by the Economic Revitalization Area designation.

Signature of owner or authorized representative

Date _____

Printed name and title