

**County of Henry**  
**Enterprise Zone Program**  
**Real Property Investment Plan/IDA Grant Form**

**Business Information**

*(Please Type or Print)*

Name of Business:

Phone:

Fax:

Address:

City/State/Zip:

Project Location: *(Tax Map Designation and Road or Street Name, or E-911 Structure Address if Known)*

NAICS Code(s):

Zoning Code(s):

Contact Person:

Phone:

Fax:

**Real Property Tax Information**

Existing Real Property:

Tax Map #: \_\_\_\_\_

Tax Parcel Code #: \_\_\_\_\_

\_\_\_\_\_ Year Assessment: \_\_\_\_\_ and  
 Tax: \_\_\_\_\_

*Attach copy of CURRENT tax bill*

**For Office Use Only:**

Real Property With Improvements:

Tax Map #: \_\_\_\_\_

Tax Parcel Code #: \_\_\_\_\_

\_\_\_\_\_ Year Assessment: \_\_\_\_\_ and  
 Tax: \_\_\_\_\_

**Filer's Statement** - I hereby declare that, to the best of my knowledge and belief, the information contained in this form is true and accurate and that I am authorized to act on behalf of the business.

*Date Submitted:* \_\_\_\_\_ *Authorized Signature:* \_\_\_\_\_

**Commissioner of the Revenue** – *Verification of Real Property Assessment and Tax*

Real Property information, assessment, tax are correct:  Yes  No

Comments:

*Date:* \_\_\_\_\_ *Commissioner of the Revenue:* \_\_\_\_\_

**Treasurer/Central Accounting** - *Verification of Real Property IDA Tax Grant*

Refund from this filing: Year 1 \_\_\_\_\_ Years 2-5 \_\_\_\_\_ per year

Comments:

*Date:* \_\_\_\_\_ *Treasurer:* \_\_\_\_\_

# Real Property Investment Plan/IDA Grant Form

Page 2

## Real Property Investment Data

*Give a brief description of the project which includes information on the following points:*

<i>Expansion or Renovation:</i>		<i>New Construction:</i>
Present Footage:	New Footage:	Footage:
Present Acreage:	New Acreage:	Acreage:
Total New Investment Cost:		Total Investment Cost:
Estimated Start Date:		Estimated Start Date:
Estimated Date of Completion:		Estimated Date of Completion:
Zoning:		Zoning:
Current Number of Jobs:		Current Number of Jobs:
Jobs To Be Created:		Jobs To be Created:

Describe Project(s) in Detail:

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### *For Office Use Only: Do Not Write Below This Line:*

#### County Administrator Review

Meets overall goals and objectives:  Yes  No

Meets incentive guidelines & procedures  Yes  No

Comments:

Date: \_\_\_\_\_ County Administrator: \_\_\_\_\_