

**CITY OF WARREN
ONE CITY SQUARE
WARREN, MICHIGAN 48093**

(Rev. 12/06)

P.A 198 of 1974 as amended

**APPLICATION FOR ESTABLISHMENT OF A PLANT REHABILITATION OR
INDUSTRIAL DEVELOPMENT DISTRICT**

(PLEASE FILE ORIGINAL AND 9 COPIES WITH CITY CLERK)

1. Applicant (Company Name) _____
Address of Proposed Project _____

Present Location Address _____

2. Legal description of proposed District

3. Total square footage of all buildings on site _____ S.F

4. Do you own the property? Yes No

If No: Option _____ Purchase _____
 Other _____ (Attach Copy)

5. Type of District requested: Industrial Development
 Plant Rehabilitation

6. Description of Proposed Project including product(s) proposed to be manufactured,
size and general description of project:

7. Give an estimated cost of the following components for the Proposed Project:

Land Improvements (excluding land): _____
Building Improvements: _____
Machinery and Equipment: _____
Furniture and Fixtures: _____

If request for District establishment is granted, itemized cost figures will be required when application for Industrial Facilities Exemption certificate is filed.

8. Time schedule for start and completion of construction and equipment installation:

Building:	Equipment Installation:
Start date _____	Start date _____
Completion date _____	Completion date _____

9. Will project buildings be () owned or () leased by applicant?
Will machinery and equipment be () owned or () leased by applicant?

10. How many employees do you currently have? _____
How many employees will you have when the project is complete? _____

11. When project is completed, how many employees will be:

Management/Professional - _____ Office - _____
Skilled - _____ Semi-Skilled - _____ Un-Skilled - _____
Total estimated payroll \$ _____

12. If this is for a Plant rehabilitation District, please complete the following:

Current year S.E.V. of Personal Property _____
Current year S.E.V. of Real Property (excluding land) _____

NAME OF COMPANY OFFICER _____
TITLE _____
SIGNATURE _____
DATE _____
PHONE NUMBER _____

(Attach filing fee of \$500.00. Filing fee is non-refundable.)