

Applicant Acknowledgement Of Building Compliance Procedure

The Altamont/Effingham County Enterprise Zone was certified September 21, 2020 for a fifteen year period beginning January 1, 2021 and expiring December 31, 2035.

Approved projects in the Altamont/Effingham County Enterprise Zone are eligible for real estate tax abatement, sales tax abatement on building materials and waiver of the building permit fee. Utility and appeal fees are not exempt.

1. Prior to the start of a building project an “*Application for Certificate of Zoning Compliance, Building/Construction Permit and Enterprise Zone Benefits*” form must be completed.
2. It is the zoning administrators duty and application requirement to inspect the building site to establish zoning compliances within the designated zone area. Prior to the inspection, the applicant should mark the outside corners of the project with a minimum of four stakes.
3. “Julie” and local utilities should be contacted for site identification of buried services prior to any digging for footings, post holes, etc.
4. Material sales tax exemption certificates will be issued by the Illinois Department of Revenue upon submittal of required information by the Zone Administrator.

The above steps must be satisfactorily completed to enable issuance of a permit for project construction, with qualifying enterprise zone benefits.

I/we have read the above and understand that construction cannot start until the above steps are completed and we have been informed in writing of the same.

Date: _____

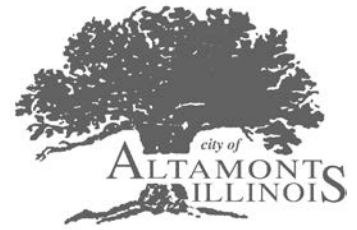
Printed Name: _____

Signature: _____

Property Address: _____



CITY OF ALTAMONT
Municipal Building – 202 North Second Street
ALTAMONT, ILLINOIS 62411
DAN E. MILLEVILLE – MAYOR
Telephone 618-483-5212
Fax 618-483-6255



Rev. 12/01/2023

Ref: Altamont/Effingham County Enterprise Zone

Dear Enterprise Zone Applicants,

Beginning July 1, 2013, the building materials sales tax exemption will be available only to those contractors or other entities with a certificate issued by the **Illinois Department of Revenue**. There is no fee for this.

Construction contractors or other entities seeking exemption certificates must go through the Zone Administrator where the project is located. Zone Administrators submit applications to the **Illinois Department of Revenue**. The Department of Revenue will issue an exemption certificate within 72 hours of receiving an application.

For the Zone Administrator to submit for an exemption certificate for your project the following **must** be supplied:

- Name, address, phone number e-mail address and FEIN or Applicant ID# of the construction contractor, subcontractors or other entity seeking a certificate
- The address of the project
- The estimated total cost portion of the project and estimate of material only for each certificate applicant.

If you are a sole proprietor using a Social Security Number as your business identification number, you must first obtain an "Applicant ID" through the Building Materials Exemption Certificate Program and bring your Applicant ID to the Zone Administrator for them to complete your application. Homeowners doing the work themselves will also need to obtain an Applicant ID.

- To apply for an "Applicant ID" you must go to <https://www.revenue.state.il.us/app/ezci/SessionNotice.html> . Select "Next". Select "Certificate Applicant". Select "Register Now!" Fill in the information requested to be issued an ID number which you must provide to the Zone Administrator.

Certificate holders are responsible for ensuring that their certificates are used only to make qualified purchases. A certificate holder who uses the certificate or allows it to improperly avoid tax will be assessed taxes and penalties on the purchase, an additional monetary penalty equal to the state and local sales taxes on the purchase, and may be barred from securing certificates for other projects.

Certificate holders must also report to the IDR for each year the certificate was valid in even if nothing was purchased in a active year. This can be accomplished at <http://tax.illinois.gov/Businesses/Incentives.html> and select "Click Here to Begin Filing a Report".

Gary M. White
Zone Administrator
City of Altamont
618-483-3115

COMMISSIONERS:
Michael R. Walker
Accounts and Finance / Park and Cemetery

Jason D. Rippetoe
Public Health and Safety

SARAH STEPHEN, Clerk/Treasurer

COMMISSIONERS:
Terry D. White
Public Property

Taylor Polk
Park and Cemetery

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE, BLDG./CONSTRUCTION PERMIT AND ENTERPRISE ZONE BENEFITS

Department of Zoning

Zoning / Building Permit No. _____

Altamont, Illinois

Date: _____

(DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY)

Property Tax ID No. _____

Fee Paid \$ _____

Zone District Classification _____

Date: _____

ZONING / BUILDING PERMIT	ENTERPRISE ZONE ELIGIBILITY
STAMP	STAMP
Signature: _____	Signature: _____
	Enterprise Zone Project #: _____

Instructions to Applicants: Before beginning any construction, a Certificate of Zoning Compliance and a Building Permit must be obtained from the Zoning/Building Administrator. If construction is eligible for Enterprise Zone benefits, the Permit must be issued prior to construction and/or purchasing of material. Application for permits must be made by the owner of the property on which the construction is to take place or his duly authorized agent. A legal description of the property and a site plan of the proposed construction must be included with this application. Attachment A lists information which must be shown on the site plan. Additional information may be requested by the Zoning/Building Administrators to satisfy requirements of the Zoning Code.

If the proposed construction meets the zoning requirements, permits will be issued as applicable. If the Zoning Administrator determines that it does not comply with requirements of the Zoning Code, the applicant may request an interpretation of the regulations by the Zoning Board of Appeals (if he/she disagrees with the Zoning Administrator) or may request a variance or zoning amendment.

All information requested below must be provided before any permits will be issued. Applicants are encouraged to visit the office of the Zoning Administrator for any assistance needed in completing this form.

IDENTIFICATION

Name	Mailing Address - number,city,state,zip	Day Phone	Eve. Phone
Applicant(s)			
Applicant(s)			
Owner(s)			
Owner(s)			

Business Name (if applicable)	Address	City	State	Zip

Phone Number	F.E.I.N.	U.I.N.

Proposed Project Start Date: _____

Proposed Completion Date: _____

PROPERTY LOCATION

Street Address: _____
(Street) (City) (State) (Zip Code)

Legal Description: (Lot, block, and subdivision; description and acreage; legal description from deed)

PROJECT INFORMATION

Project Class: Residential Commercial Industrial Other _____

(Check All That Apply)

Project Type:	Applied to:
<input type="checkbox"/> Construct <input type="checkbox"/> Repair/Modify <input type="checkbox"/> Move <input type="checkbox"/> Landscape <input type="checkbox"/> Renovate <input type="checkbox"/> Dig/Trench <input type="checkbox"/> Other: _____	<input type="checkbox"/> Residence <input type="checkbox"/> Apt. Complex <input type="checkbox"/> Garage <input type="checkbox"/> Fence <input type="checkbox"/> Comm. Structure <input type="checkbox"/> Trailer <input type="checkbox"/> Shed <input type="checkbox"/> Driveway <input type="checkbox"/> Duplex <input type="checkbox"/> Modular <input type="checkbox"/> Pool <input type="checkbox"/> Yard/Lot <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____
Nonresidential Use:	
<input type="checkbox"/> Amusement/Recreational <input type="checkbox"/> Church/Other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Gargae <input type="checkbox"/> Other: _____	<input type="checkbox"/> Service Station/Repair Garage <input type="checkbox"/> Hospital/Institutional <input type="checkbox"/> Office/Bank/Professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School/Library/Edu. <input type="checkbox"/> Stores/Mercantile <input type="checkbox"/> Tanks/Towers <input type="checkbox"/> Warehousing

	Name	Mailing Address - number,city,state,zip	Day Phone	Eve. Phone
Contractor				
Carpenter				
Plumber				
Electrician				

Give DETAILED description of this project: _____

BUILDING/SITE CHARACTERISTICS

Principal Frame Type:			Exterior Siding:		
<input type="checkbox"/> Masonary (wall bearing)	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Plastic/Poly	
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Brick/Stone	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Concrete		<input type="checkbox"/> Other: _____	
Principal Heating		Central Air	Water Supply	Electric Utility	Sewage Disposal
<input type="checkbox"/> Gas <input type="checkbox"/> Elec. <input type="checkbox"/> Wood	<input type="checkbox"/> Yes	<input type="checkbox"/> City	<input type="checkbox"/> City	<input type="checkbox"/> City	
<input type="checkbox"/> Oil <input type="checkbox"/> Coal <input type="checkbox"/> Corn	<input type="checkbox"/> No	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____					
# Off Street Parking	# Baths	# Bedrooms	# Rooms	ADA	
<input type="checkbox"/> Enclosed _____	<input type="checkbox"/> Full _____			<input type="checkbox"/> Yes	
<input type="checkbox"/> Outdoors _____	<input type="checkbox"/> Partial _____			<input type="checkbox"/> No	

DIMENSIONS

Number of Stories _____	Total Square Feet of Floor Area, All Floors, Based On Exterior Dimensions Basement _____ 1st Floor _____ 2nd Floor _____ 3rd Floor _____
Total Land Area Sq. Ft. _____	
Lot Dimensions _____	

PROJECT PURCHASER INFORMATION

Authorized Material Purchasers (all fields required for Enterprise Zone sales tax exemption) Attach additional sheet if required

1. Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ E-mail _____ FEIN or Applicant ID# _____ Estimated Cost Portion of Entire Project: \$ _____ Estimate of Material Only: \$ _____	
2. Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ E-mail _____ FEIN or Applicant ID# _____ Estimated Cost Portion of Entire Project: \$ _____ Estimate of Material Only: \$ _____	
3. Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ E-mail _____ FEIN or Applicant ID# _____ Estimated Cost Portion of Entire Project: \$ _____ Estimate of Material Only: \$ _____	
4. Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ E-mail _____ FEIN or Applicant ID# _____ Estimated Cost Portion of Entire Project: \$ _____ Estimate of Material Only: \$ _____	

ESTIMATED TOTAL PROJECT COSTS

Land Acquisition: \$ _____	Capital Equipment: \$ _____
On Site Improvements: \$ _____	Electrical: \$ _____
Remodeling/Rehabilitation: \$ _____	Plumbing: \$ _____
New Construction: \$ _____	Heating/Air Conditioning: \$ _____
Labor: \$ _____	Other: \$ _____
TOTAL PROJECT COST: \$ _____	

SITE EMPLOYMENT

Number of Full-Time Equivalent Jobs:

Present # of original employees: _____	Does This Project Involve A Move From
Retained at present or new location: _____	Another Location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Created new within 1 year of project completion: _____	(Please document with a letter)

APPLICANT STATEMENT

Application is hereby made for a Certificate of Zoning/Construction Permit and Enterprise Zone Benefits, as required under the Zoning/Enterprise Zone Codes for erection, moving or alteration, and use of buildings and premises. In making this application the applicant represents all the above statements and any attached maps and drawings to be a true description of the proposed new or altered uses and/or buildings. The applicant agrees that the permit issued may be revoked without notice on any breach of representation or conditions. The applicant understands that changes in plans or specifications shall not be made without approval of the appropriate municipal official. Failure to comply shall constitute a violation of the provisions of the Zoning Code.

It is understood that any permit issued on this application will not grant right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Zoning Code, or by other ordinances, codes or regulations of this municipality.

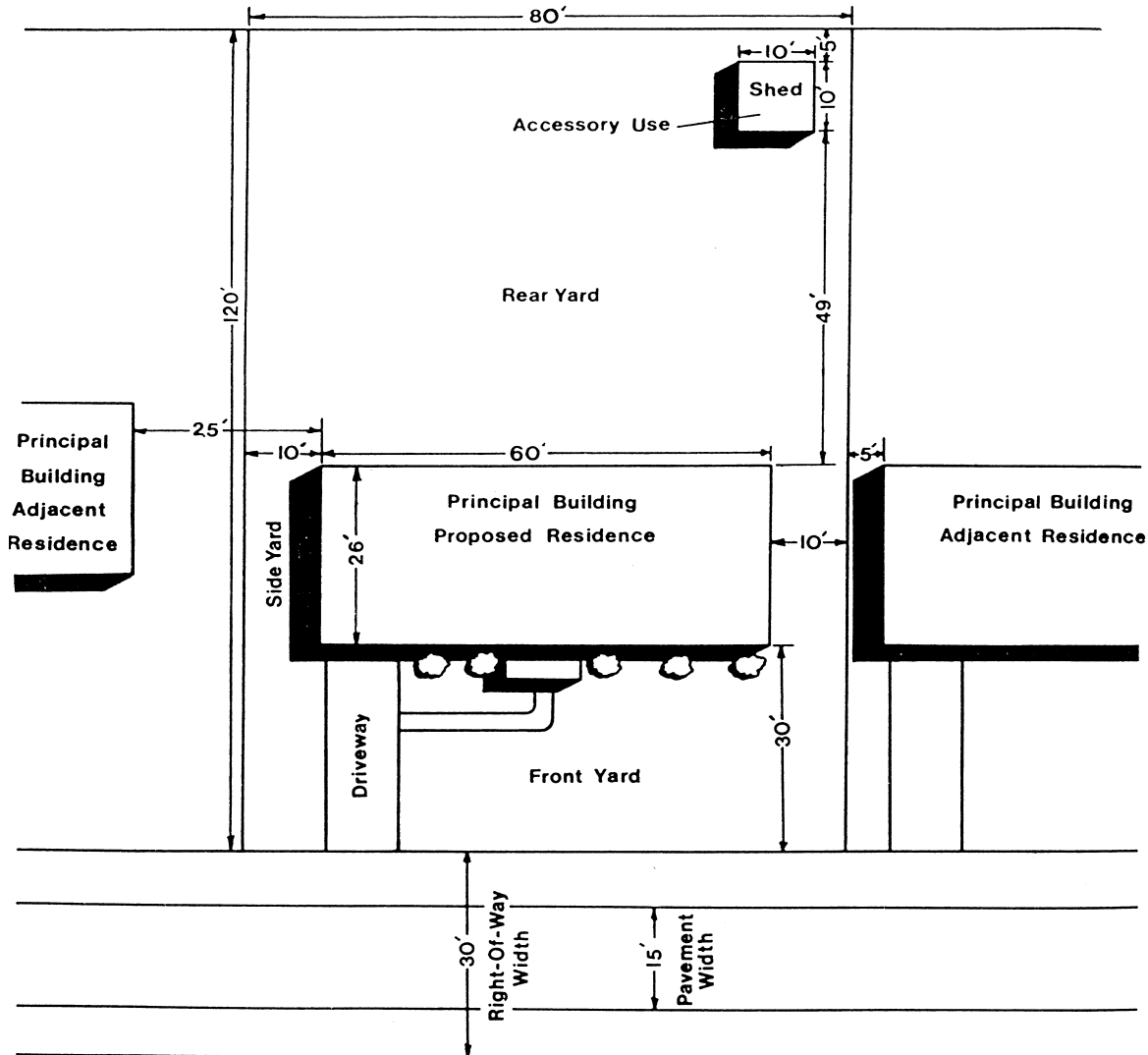
APPLICANT: _____

ATTACHMENT A - SITE PLAN REQUIREMENTS

The following must be included on your site plan. Additional requirements may be requested by the Zoning Administrator.

- (A) Existing and proposed screening, landscaping, and erosion control features on the site, including the parking area.
- (B) Proposed finished grade
- (C) Location and dimensions of: Lot, buildings, patios, driveways, and off street parking places.
- (D) Distance between: Buildings and front, side, and rear lot lines; Principal building and accessory buildings; principal building and principal buildings on adjacent lots.
- (E) Location of: Signs, easements (to include streets and alleys), underground utilities, septic tanks, tile fields, water wells, etc..
- (F) Roof pitch of buildings
- (G) Plan must be drawn to scale and North indicated.

PARTIAL EXAMPLE

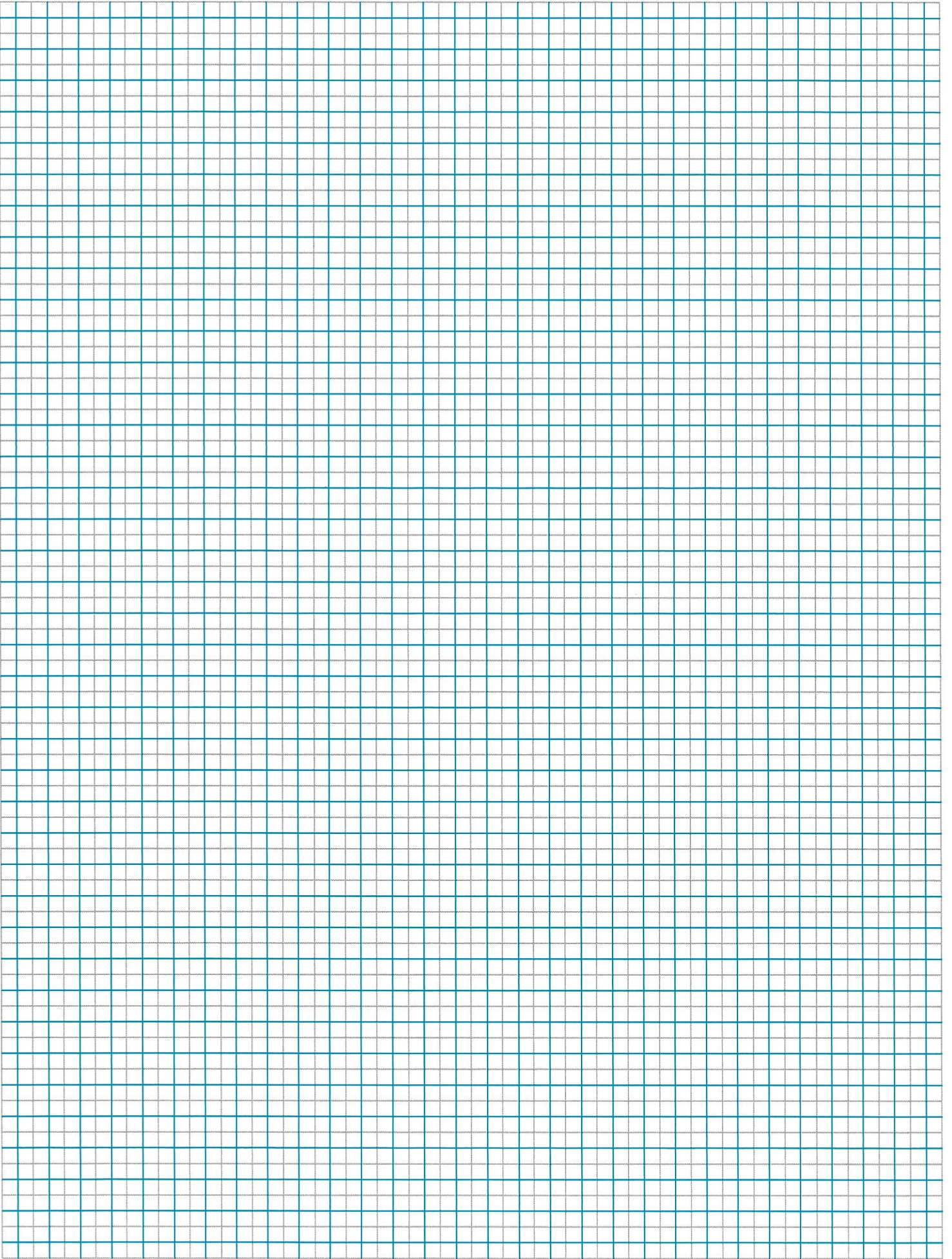


Lot	Building
Width: 80 ft.	Length: 60 ft.
Depth: 120 ft.	Width: 26 ft.
Area: 9,600 sq.ft.	Floor Area: 1,560 sq.ft.

N

 Scale: 1" = 20'

SCALE (circle one): $\frac{1}{8}$ " (1 squares) = 1 Ft. $\frac{1}{4}$ " (2 squares) = 1 Ft. $\frac{1}{2}$ " (4 squares) = 1 Ft. $\frac{1}{8}$ " (1 square) = 2 Ft.





LOCATE REQUEST FORM

It's Smart. It's Free. It's The Law.

1-800-892-0123

1	COMPANY PHONE NUMBER WITH AREA CODE ()	CALLER NAME			
2	COMPANY NAME				
3	COMPANY ADDRESS				
4	CITY, STATE, ZIP CODE			FAX NUMBER WITH AREA CODE ()	
5	SITE CONTACT NAME		PHONE NUMBER WITH AREA CODE ()		EXTENSION (IF APPLIES)
6	COUNTY (MUST provide this information)	Check one and list location name <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY (URBAN)		UNINCORPORATED TOWNSHIP (RURAL)	
7	SUBDIVISION NAME		EXCAVATION SITE ADDRESS OR LOT NUMBER		
8	NEAREST CROSS STREET/CROSS ROAD, REGARDLESS OF SIZE, WITHIN A 1/4 MILE (indicate street, road, lane, drive, avenue, etc.)				
9	The standard we accept is North American Datum 83 (NAD83); format is degrees, minutes & seconds.		LATITUDE		LONGITUDE
10	JULIE members and their subcontractors MUST provide the section - quarter/section information.	TIER	RANGE	SECTION	QUARTER/SECTION
11	ADDITIONAL LOCATION INFORMATION (Examples: directions, landmarks, distance from nearest town, etc.)				
12					
13	TYPE OF WORK (Examples: trench for sewer, cable/telephone drops, fence/deck installation, plant trees/shrubs, foundation, ditch work, etc.)				
14	ARE YOU DIRECTIONAL BORING OR HORIZONTAL DIRECTIONAL DRILLING? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU BE DIGGING DEEPER THAN 7 FEET? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE		
15	EXTENT OF WORK (Examples: locate north side of building, along rear lot line, front of property to curb, lot line to lot line, etc.)				
16					
17	EXCAVATION SITE OWNER OR RENTER'S NAME (if other than caller)		IS THE SITE PRE-MARKED? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE		
18	NOTES TO UTILITIES ABOUT EXCAVATION SITE				
19					
20					
21	START DATE AND TIME OF EXCAVATION (given to caller by operator)		IS THIS A JOINT MEET? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO		
22	DIG NUMBER (given to caller by operator)		KEEP YOUR DIG NUMBER AS PROOF OF YOUR CALL TO JULIE AND AS A REFERENCE NUMBER FOR THIS CALL.		
23	DIG NUMBER		JULIE system reference numbers → A or X 555 5555 ← Request sequence number for that day		
	EXPLANATION:		Julian calendar date		
JULIE MEMBER COMPANIES SENT THIS MESSAGE (given to caller by operator)					

For your protection, JULIE recommends that you search the area for the facilities of others who are not JULIE members and notify them separately. In addition, you should communicate with the owner of the dig site to determine if there are any privately installed lines which are not marked by member utilities.

Information About The Illinois One-Call System

1-800-892-0123

JULIE, Inc. (Joint Utility Locating Information for Excavators), also known as the Illinois One-Call System, is a not-for-profit corporation that provides professional and non-professional excavators with a toll-free number (1-800-892-0123) for the free locating and marking of underground facilities. JULIE serves as a notification service for underground facility owners, taking information about planned excavations and distributing this information to its membership. *It is then the responsibility of each facility owner to mark the location of their underground facilities at the excavation site.*

WAYS TO REACH JULIE

JULIE operators are available at 1-800-892-0123 to process locate requests 24 hours a day, 7 days a week, 365 days of the year. Excavators who have access to the internet are able to enter locate requests via a JULIE ticket entry Web site (WRTE). For more information about this free service, contact the JULIE Data Department at 815-741-5011.

HOW TO USE THE JULIE SYSTEM

Safe digging starts when you contact JULIE. Whenever possible, it is very important to visit the site and pre-mark the proposed excavation area with white paint or flags prior to your call to JULIE. The 48 hour notice does **NOT** include Saturdays, Sundays or Holidays. If digging inside the city limits of Chicago, contact **DIGGER AT 312-744-7000**.

Completing a Locate Request Form (over) prior to contacting JULIE makes the locate request process faster and easier. You can request this form through the Public Relations Department (815-741-5000) or download a copy at www.illinois1call.com.

At a minimum, be prepared to provide the following information when you contact JULIE:

- ◆ Your name, address and a phone number at which you and/or a site contact can be reached. An inability by the utilities to speak to someone if questions should arise can possibly delay your locate;
- ◆ County and city or county and unincorporated area of township;
- ◆ Location at which the excavation or demolition will take place, which may include but not be limited to: address, cross street, lot numbers, etc. In addition, JULIE member companies and their contractors/subcontractors **MUST** provide the tier, range, section and quarter section of the excavation site (or GPS coordinates) allowing the system to grid the ticket;
- ◆ Section/quarter sections when the above information does not allow the State-Wide One-Call Notice System to determine the appropriate geographic section/quarter sections. This does not apply to residential property owners.
- ◆ Latitude and Longitude of the excavation site is also accepted in lieu of section and quarter/section information. The standard JULIE accepts is North American Datum 83 (NAD83) and the format is degrees, minutes and seconds;
- ◆ The type and extent (size of excavation area) of the work involved, and whether white paint, flags and/or stakes were used to outline the proposed excavation area;
- ◆ Will you be directional boring or horizontal directional drilling? Will you be digging deeper than 7 feet?; and
- ◆ The start date and time of the planned excavation or demolition.

AVAILABLE RESOURCES

Resources to find the above information include: property plat map; real estate tax bill; permanent real estate tax number for the property; county plat map; rural residential directory; village, town or city permit, building, engineering or street department (city limits); or township or county permit, building, engineering or highway department (outside city limits).

TYPES OF LOCATE REQUESTS

Normal: Made at least 2 working days, but not more than 14 calendar days, in advance of excavation project.

Emergency: Condition constituting an imminent danger to life, health or property or a utility service outage and which requires immediate repair or action.

Joint Meet: Scheduled when the extent of the work may be confusing or extends over a large geographic area. A joint meet is not a locating session, but a meet to exchange information. **A joint meet is a 96-hour process--not 48 hours.** All members must mark before digging can proceed.

www.illinois1call.com

JULIE Damage Prevention Managers are available to assist members and excavators--contact information can be found at www.illinois1call.com. In addition, JULIE's Web site contains a complete listing of JULIE members illustrating their facilities, upcoming events, ICC Enforcement information, member damage prevention team contacts, educational free materials, frequently asked questions, newsletters, the state law and procedural changes.

APWA APPROVED UTILITY MARKING COLORS	
YELLOW <input type="checkbox"/>	Gas, oil, petroleum, steam
RED <input type="checkbox"/>	Electric
ORANGE <input type="checkbox"/>	Communication, telephone, TV
BLUE <input type="checkbox"/>	Water
GREEN <input type="checkbox"/>	Sewer
PURPLE <input type="checkbox"/>	Reclaimed water
PINK <input type="checkbox"/>	Temporary survey
WHITE <input type="checkbox"/>	Proposed area of excavation