

CASCADE CHARTER TOWNSHIP
KENT COUNTY, MICHIGAN
APPLICATION FOR PROPERTY TAX RELIEF UNDER PA 198
IFE DISTRICT / PLANT REHABILITATION DISTRICT

Date: _____

Legal Name of Applicant: _____

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Address: _____ Zip: _____

Project Address: _____ Zip: _____

School District: _____ School District Code: _____

Years In Existence: _____ Years in Existence in Cascade Township: _____

Parcel Number of Location of Proposed District: 41-19-_____ - _____ - _____

Name and Address of Deed Holder of this Property:

Name and Address of the Taxpayer of this Property:

Name and Nature of Applicant's Business:

Name of Facility or Equipment to be Acquired in the Project:

Is the Industrial Development District request for a Speculative Building: Yes _____ No _____

Is this Project going into an Existing Building: Yes _____ No _____

New Construction: Yes _____ No _____

When will Construction begin: _____ Cost of Construction: _____

Cost of Personal Property to be Acquired: _____

Current Number of Employees in Cascade Township: _____

Number of New Jobs to be created in Cascade Township after Project Completion: _____

Current Zoning of Site: _____ Date of Site Plan Approval: _____

Will any Products or Raw Materials be stored outdoors: _____

Will the Facility produce Industrial Waste: _____

List any known Hazardous Chemicals used or produced: _____

Will the Facility produce any significant air emissions within the Facility or exhausted into the environment:

Have you had any spills or similar incidents that required State or Federal action:

Attachments: Site Plan _____ Equipment List* _____

DEQ/EPA Complaints/Inquiries _____

*Includes Model #, Manufacturer, Description, Lien Holder & Lease Term (if financed or leased), Purchase Price

APPLICATION SIGNATURE

I (We) hereby certify that the information attached hereto is to the best of my (our) knowledge true and accurate. I (we) hereby acknowledge that if any of the information contained in this application is false, the Township has the right to deny this application.

Applicant Signature

Co-Applicant Signature
(if applicable)

Title

Title

Date: _____

Date: _____

THE COMPLETED FORM AND ALL ATTACHMENTS SHALL BE FILED WITH THE ECONOMIC DEVELOPMENT OFFICE.

THIS IS AN APPLICATION ONLY. THE APPLICANT WILL BE ADVISED OF ITS PROGRESS. TO START AN INDUSTRIAL PROJECT BEFORE THE DISTRICT HAS BEEN ESTABLISHED WILL PRIMA FACIE DISQUALIFY THE APPLICATION.

A deposit of \$1,000 must accompany this application. Please make check payable to Cascade Charter Township.

FOR OFFICE USE ONLY

Department	Meets Ordinance Requirements	Does Not Meet Ordinance Requirements	Dept. Head Initials
Assessor:	_____	_____	_____
Building Department:	_____	_____	_____
Clerk:	_____	_____	_____
Community Dev:	_____	_____	_____
Fire:	_____	_____	_____
Treasurer:	Taxes Current _____	Past Due _____	_____