



# LIVINGSTON COUNTY RECOVERY ZONE ECONOMIC DEVELOPMENT BOND APPLICATION



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Local Unit of Government \_\_\_\_\_ Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Federal Identification Number (FIN) \_\_\_\_\_

## PROJECT DETAILS

**PROJECT DESCRIPTION** (including service rendered): \_\_\_\_\_

**PROJECT LOCATION** (please attach a detailed map with legend): \_\_\_\_\_

**DESCRIBE WHETHER PROJECT IS "SHOVEL READY":** \_\_\_\_\_

**ESTIMATED START DATE:** \_\_\_\_\_ **ESTIMATED COMPLETION DATE:** \_\_\_\_\_

**DESCRIBE THE HISTORY, GROWTH AND SUCCESS OF PROJECT:** \_\_\_\_\_

## PROJECT INVESTMENT

**PROPOSED INVESTMENT:** \$ \_\_\_\_\_

**PROPOSED INVESTMENT IN BUILDINGS AND EQUIPMENT:** \$ \_\_\_\_\_

**PROJECTED NEW PROPERTY TAXES GENERATED BY PROJECT:** \$ \_\_\_\_\_

**DESCRIBE HOW PROJECT WILL ATTRACT FUTURE INVESTMENTS:** \_\_\_\_\_

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**PERCENT OF PROJECT FINANCED WITH RECOVERY ZONE BOND:**    % \_\_\_\_\_

**FINANCIAL RATING OF THE APPLICANT:** \_\_\_\_\_

Please attach the following documentation: 1.) Commitment from a financial institution or bond underwriter to purchase the bonds demonstrating that the project is credit worthy. 2.) Proof that the applicant is current with all Federal, State and local government taxes. 3.) Proof that the applicant has the financial ability to place funds into an escrow account for a performance bond and/or project related legal costs.

**JOB GROWTH**

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**PROPOSED FULL-TIME JOBS:**                      **NUMBER**                                      **NUMBER**  
**CREATED:** \_\_\_\_\_                      **RETAINED:** \_\_\_\_\_

**DESCRIBE HOW THIS PROJECT WILL ENHANCE ADDITIONAL JOB GROWTH:** \_\_\_\_\_

\_\_\_\_\_

**PLANNING & ZONING**

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**IS PROJECT CONSISTENT WITH LOCAL MASTER PLAN? (please describe)** \_\_\_\_\_

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**IS PROJECT CONSISTENT WITH LOCAL ZONING ORDINANCE?(please describe)** \_\_\_\_\_

\_\_\_\_\_

**IS PROJECT CONSISTENT WITH COUNTY COMPREHENSIVE PLAN?(please describe)** \_\_\_\_\_

\_\_\_\_\_

**FORM COMPLETED BY:**

\_\_\_\_\_ **X**  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SEND THREE (3) DUPLICATE ORIGINALS TO:**  
**BELINDA PETERS - ACTING COUNTY ADMINISTRATOR**  
**LIVINGSTON COUNTY ADMINISTRATION**  
304 East Grand River Avenue, Suite 202  
Howell, MI 48843