



Describe the Company's primary and secondary products or services that are, or will be, produced at the facility in the Enterprise Zone:

\_\_\_\_\_

\_\_\_\_\_

Business NAICS Code (if available): \_\_\_\_\_

**Project being Proposed for Enterprise Zone Benefits**

Proposed Project is (check one or both): New Construction: \_\_\_\_\_ Rehabilitation: \_\_\_\_\_

Project Starting Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Project Cost and Description:

Land Acquisition: Acres \_\_\_\_\_ Cost to Acquire \$ \_\_\_\_\_

New Construction: Square Feet \_\_\_\_\_ Cost to Construct \$ \_\_\_\_\_

Machinery & Equipment Description (\*note: for information only; not relevant to tax breaks) :

\_\_\_\_\_

\_\_\_\_\_

Cost to Acquire \$ \_\_\_\_\_

Employment Impact: \_\_\_\_\_

Current number of Employees in the Zone: Total \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

New Jobs to be created in the Zone: Total \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Hourly Wage for Typical New Job (without benefits): \$ \_\_\_\_\_ / hour

Additional Cost of Benefits Provided (Per Each New Employee): \$ \_\_\_\_\_ / hour

**Signatures**

Signature of Person Completing this Form: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date \_\_\_\_\_

**Application Submission Instructions**

Submit application to: Sara Trenergy, Enterprise Zone Administrator  
Baltimore County Dept. of Economic Development  
400 Washington Avenue, Suite 100  
Towson, Maryland 21204  
(410) 887-8000 Fax (410) 887-8017  
e-mail: [strenergy@baltimorecountymd.gov](mailto:strenergy@baltimorecountymd.gov)