



Application # \_\_\_\_\_

Account # \_\_\_\_\_

(For Office Use Only)

# ENTERPRISE ZONE ELIGIBILITY DETERMINATION & APPLICATION FOR LOCAL BENEFITS

**FOR ASSISTANCE IN COMPLETING THIS APPLICATION, CONTACT THE DEPARTMENT OF ECONOMIC DEVELOPMENT AT  
(804) 541-2243 ext. 132.**

## Part I: Eligibility Determination – All Information Must Be Complete.

### Company Information:

Company/Trade Name: \_\_\_\_\_ Company/Taxpayer ID#: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Current Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(or future EZ address if facility is under construction)

Date of Move to this Address: \_\_\_\_\_

HQ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from above)

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if moving into an EZ location)

Website: \_\_\_\_\_

**Check if:**  Property Owner  Business Owner Leasing Property

**Check if:**  New Business in Hopewell  Expansion of Existing Business Operations

**Business Type:**  Retail  Wholesale  Service  Office  
 Manufacturing  Warehouse/Distribution

**Business Description:** \_\_\_\_\_

Number of **Current** FTE (full-time employees): \_\_\_\_\_ Number of **New** FTE Projected: \_\_\_\_\_

### Anticipated Investment - Amount/Value:

Real Estate (including land and/or building purchase): \$ \_\_\_\_\_

Lease Payments (estimate based on monthly lease amount & lease period): \$ \_\_\_\_\_

Equipment and Machinery (used in manufacturing or processing): \$ \_\_\_\_\_

Business Equipment and Machinery/ Personnel Property: \$ \_\_\_\_\_

Building Improvements /Tenant Upfit: \$ \_\_\_\_\_

Total Estimated Investment: \$ \_\_\_\_\_

### Local Incentives Requested:

- BPOL Exemption (please complete Form A, Part A-1)
- Machinery and Tool Tax Rebate (please complete Form A, Part A-2)
- HRWTF Wastewater Connection Fee Credit (please complete Part B)
- Development Fee Waivers (please complete Part C)
- Building Permit Fee Waivers (please complete Part D)
- Real Estate Tax Abatement Program (please complete Part E)
- Crime Prevention/Security Assessment (please complete Part F)
- Fire Safety Education (please complete Part G)



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**Authorization and Agreement:**

I am authorized to act on behalf of this business and may disclose any information requested in this application. The City of Hopewell is authorized to use any information provided in this application, deemed necessary, to comply with state and city reporting requirements. All information in this application is correct to the best of my knowledge. In addition, I understand that information provided in this application is subject to verification by the City of Hopewell and, as such, any information used to determine Enterprise Zone (EZ) benefits or eligibility that is found to be false or in error may result in revocation of those EZ benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print) (please print)

***NOTE: PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING OF THIS APPLICATION***

*Please return this completed application to:  
City of Hopewell Department of Development  
300 North Main Street  
Hopewell, VA 23860  
Phone: (804) 541-2220*

***(For Office Use Only)***

Eligibility: The above address is: \_\_\_\_\_ Tax ID# \_\_\_\_\_

- Located in the Enterprise Zone and Eligible
- Not located in Enterprise Zone and Ineligible

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**ENTERPRISE ZONE  
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Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Part A: Commissioner of the Revenue Incentives: (check all requested)**

**A-1:  BPOL (Business Professional Occupational License) Exemption**

New City of Hopewell Business Date Business Established in City: \_\_\_\_\_

Existing City of Hopewell Business under new ownership\*

\*Former Business Name: \_\_\_\_\_

Existing City of Hopewell Business Already Located in the Enterprise Zone  
Date Business Established in the Enterprise Zone: \_\_\_\_\_

Existing City of Hopewell Business Relocating to the Enterprise Zone  
Date Business Established in the City: \_\_\_\_\_

Gross Receipts/Purchases Reported to City of Hopewell Last Year: \$ \_\_\_\_\_  
(if a new business to City of Hopewell, enter 0)

Estimated Gross Receipts/Purchases This Year: \$ \_\_\_\_\_

**Commissioner of the Revenue (For Office Use Only)**

Based on the information provided in this application, business is eligible for:

- Partial BPOL Exemption Estimated 1<sup>st</sup> Year Value of EZ Benefit: \_\_\_\_\_ (100%)  
Estimated 2<sup>nd</sup> Year Value of EZ Benefit: \_\_\_\_\_ (75%)  
Estimated 3<sup>rd</sup> Year Value of EZ Benefit: \_\_\_\_\_ (50%)  
Estimated 4<sup>th</sup> Year Value of EZ Benefit: \_\_\_\_\_ (25%)

Benefits denied for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

**A-2:  Machinery and Tool (M&T) Tax Rebate (check/complete all that apply)**

Equipment being purchased is new to this operation/location  
Cost of Equipment: \$ \_\_\_\_\_

Equipment being purchased is to replace existing equipment  
Value of equipment as reported for previous tax year: \$ \_\_\_\_\_  
Cost of new/replacement equipment: \$ \_\_\_\_\_

Will your expansion increase your assessed value greater than the previous year's assessed value?

**Commissioner of the Revenue (For Office Use Only)**

Previous Year's Assessed M&T Value: \_\_\_\_\_

Current Assessed M&T Value: \_\_\_\_\_

Rebate: \_\_\_\_\_

Based on the information provided in this application, business is eligible for:

30% Rebate of M&T Tax      Estimated 1<sup>st</sup> Year Value of EZ Benefit: \_\_\_\_\_

Estimated 2<sup>nd</sup> Year Value of EZ Benefit: \_\_\_\_\_

Estimated 3<sup>rd</sup> Year Value of EZ Benefit: \_\_\_\_\_

Benefits denied for the following reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_



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**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Part B: Incentives requested from Hopewell Water Renewal (HWR):** *(check all requested)*

**Wastewater Connection Fee Credit (check all that apply)**

New Service (at this location)

Is there an existing account or existing service at this location?

Yes                       No

Facility will be multi-tenant

Number of locations/connections required: \_\_\_\_\_

(A separate address is required for each tenant/location. Please list each below.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Hopewell Water Renewal – HWR (For Office Use Only)**

Based on the information provided in this application, business is eligible for:

Sewer Connection Fee Credit (\_\_\_\_ meter)  Yes                       No

Estimated Value of EZ Benefit: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_



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Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Part C: Incentives requested from City of Hopewell Department of Development**

**Development Fee Waivers (check all that apply)**

**Rezoning Request** \_\_\_\_\_ **Type of Zoning Proposed:** \_\_\_\_\_ **Number of Acres:** \_\_\_\_\_

**Conditional Use Permit Required** \_\_\_\_\_ **Type of Conditional Use Requested:** \_\_\_\_\_

**Variance Request** \_\_\_\_\_ **Reason for Variance:** \_\_\_\_\_

**Special Exception Request** \_\_\_\_\_

**Site Plan Review** \_\_\_\_\_ **Commercial Use:** \_\_\_\_\_ **Industrial Use:** \_\_\_\_\_

**Sign Permit** \_\_\_\_\_ **Est. Cost \$** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Development (For Office Use Only) Application Number: \_\_\_\_\_**

Based on the information provided in this application, business is eligible for:

Waiver of Rezoning Request Fees \_\_\_\_\_ Estimated Value of EZ Benefit: \_\_\_\_\_

Waiver of Cond. Use Permit Fees \_\_\_\_\_ Estimated Value of EZ Benefit: \_\_\_\_\_

Waiver of Variance Request Fee \_\_\_\_\_ Estimated Value of EZ Benefit: \_\_\_\_\_

Waiver of Special Exception Fees \_\_\_\_\_ Estimated Value of EZ Benefit: \_\_\_\_\_

Waiver of Site Plan Review Fees \_\_\_\_\_ Estimated Value of EZ Benefit: \_\_\_\_\_

Waiver of Sign Permit Fees \_\_\_\_\_ Estimated Value of EZ Benefit: \_\_\_\_\_

Benefits denied due to non-conformance with City Comprehensive Plan

Benefits denied for the following reason: \_\_\_\_\_

Review/Approved By: \_\_\_\_\_ Date: \_\_\_\_\_



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Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

**Part D: Incentives requested from City of Hopewell Department of Development, Division of Code Enforcement:**

Est. Total Cost of Construction: \_\_\_\_\_

- New Construction                       Tenant Upfits

**Building Fee Waivers (check all that apply)**

- Building Permit Required                      Est. Cost \$ \_\_\_\_\_
- Plumbing Permit Required                      Est. Cost \$ \_\_\_\_\_
- Electrical Permit Required                      Est. Cost \$ \_\_\_\_\_
- Mechanical Permit Required                      Est. Cost \$ \_\_\_\_\_
- Gas Permit Required                      Est. Cost \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Division of Code Enforcement (For Office Use Only)      Application Number: \_\_\_\_\_**

Based on the information provided in this application, business is eligible for:

- Waiver on Building Permit Fees                      Estimated Value of EZ Benefit: \_\_\_\_\_
- Waiver of Plumbing Permit Fees                      Estimated Value of EZ Benefit: \_\_\_\_\_
- Waiver of Electrical Permit Fees                      Estimated Value of EZ Benefit: \_\_\_\_\_
- Waiver of Mechanical Permit Fees                      Estimated Value of EZ Benefit: \_\_\_\_\_
- Waiver of Gas Permit Fees                      Estimated Value of EZ Benefit: \_\_\_\_\_
- Benefits denied for the following reason: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_



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Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Part E: Incentives requested from the Real Estate Assessor:**

**Real Estate Tax Abatement (check one)**

Property is Existing Building 25+ years old **Original Date Built:** \_\_\_\_\_

Existing Building will be:

Renovated/Rehabilitated Estimated Value of Renovation/Rehabilitation: \_\_\_\_\_

Demolished and Replaced

New Building Under Construction Estimated Completion Date: \_\_\_\_\_

Estimated Value of Renovation/Rehabilitation: \_\_\_\_\_

**CERTIFICATION**

I acknowledge that this Form is not an application for real estate rehabilitation credits. I further acknowledge that it is my responsibility to contact the Hopewell Real Estate Assessor's Office and request an application for rehabilitation credits on or before any building or ancillary (demolition, mechanical, electrical and/or plumbing) permit is issued for the above referenced property.

\_\_\_\_\_  
Printed name of person filing form

\_\_\_\_\_  
Signature of person filing form

\_\_\_\_\_  
Date

**Real Estate Assessor's Office (For Office Use Only)**

Based on the information provided in this application, the business is eligible for:

Real Estate Tax Credit on Increased Assessed Value: \_\_\_\_\_ Yes \_\_\_\_\_ No

Pre-improvement Valuation: \_\_\_\_\_

Post-improvement Valuation: \_\_\_\_\_ Estimated Value of EZ Benefit: \_\_\_\_\_

Benefits denied for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_





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**Project Address:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**Part F: Crime Prevention/Security Assessment Incentives requested from City of Hopewell Bureau of Police**

- Crime Prevention Education**
- Security Risk Assessment**
- Crime Prevention through Environmental Development (CPTED) Project Review**

**Bureau of Police (For Office Use Only)**

Based on the information provided in this application, business is eligible:

- Yes       No       Benefits denied for the following reason:

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_



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Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

**Part G: Incentives requested from City of Hopewell Bureau of Fire:**

- Fire Safety Education - Educational Seminar to improve safety and reduce potential fire damage.**

**Name of Firm:**

**Address:**

**Type of Business Activity on Site:**

**Bureau of Fire (For Office Use Only)**

Based on the information provided in this application, business is eligible:

- Yes       No

Benefits denied for the following reason:

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_