

STATE USE ONLY		
Application Number	Date Received	LUCI Code

Application for Commercial Facilities Exemption Certificate

Issued under authority of Public Act 255 of 1978, as amended.

Read the instructions page before completing the application. **This application must be filed after a Commercial Redevelopment District is established.** The original application and required documents are filed with the clerk of the Local Governmental Unit (LGU).

PART 1: OWNER / APPLICANT INFORMATION (applicant must complete all fields)											
Applicant (Company) Name		NAICS or SIC Code									
Facility's Street Address	City	State	ZIP Code								
Name of City, Township or Village (taxing authority)		County	School District Where Facility is Located								
<input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village											
Date of Rehabilitation Commencement (mm/dd/yyyy)		Planned Date of Rehabilitation Completion (mm/dd/yyyy)									
Estimated Cost of Rehabilitation		Number of Years Exemption Requested (1-12)									
Expected Project Outcomes (check all that apply) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Increase Commercial Activity</td> <td style="width: 33%;"><input type="checkbox"/> Retain Employment</td> <td style="width: 33%;"><input type="checkbox"/> Revitalize Urban Areas</td> </tr> <tr> <td><input type="checkbox"/> Create Employment</td> <td><input type="checkbox"/> Prevent Loss of Employment</td> <td><input type="checkbox"/> Increase Number of Residents in Facility's Community</td> </tr> </table>				<input type="checkbox"/> Increase Commercial Activity	<input type="checkbox"/> Retain Employment	<input type="checkbox"/> Revitalize Urban Areas	<input type="checkbox"/> Create Employment	<input type="checkbox"/> Prevent Loss of Employment	<input type="checkbox"/> Increase Number of Residents in Facility's Community		
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<input type="checkbox"/> Create Employment	<input type="checkbox"/> Prevent Loss of Employment	<input type="checkbox"/> Increase Number of Residents in Facility's Community									
No. of perm. jobs to be created due to facility's rehab.	No. of perm. jobs to be retained due to facility's rehab.	Number of construction jobs to be created during rehabilitation									
Each year, the State Treasurer may approve 25 additional reductions of half the state education tax for a period not to exceed six years. <input type="checkbox"/> Check this box if you wish to be considered for this exclusion.											
PART 2: APPLICATION DOCUMENTS											
Prepare and attach the following items: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> General description of the facility (year built, original use, most recent use, number of stories, square footage)</td> <td style="width: 50%;"><input type="checkbox"/> Descriptive list of the fixed building equipment that will be a part of the facility</td> </tr> <tr> <td><input type="checkbox"/> General description of the facility's proposed use</td> <td><input type="checkbox"/> Time schedule for undertaking and completing the facility's restoration, replacement or construction</td> </tr> <tr> <td><input type="checkbox"/> General description of the nature and extent of the restoration, replacement, or construction to be undertaken</td> <td><input type="checkbox"/> Statement of the economic advantages expected from receiving the exemption</td> </tr> <tr> <td><input type="checkbox"/> Legal description of the facility</td> <td></td> </tr> </table>				<input type="checkbox"/> General description of the facility (year built, original use, most recent use, number of stories, square footage)	<input type="checkbox"/> Descriptive list of the fixed building equipment that will be a part of the facility	<input type="checkbox"/> General description of the facility's proposed use	<input type="checkbox"/> Time schedule for undertaking and completing the facility's restoration, replacement or construction	<input type="checkbox"/> General description of the nature and extent of the restoration, replacement, or construction to be undertaken	<input type="checkbox"/> Statement of the economic advantages expected from receiving the exemption	<input type="checkbox"/> Legal description of the facility	
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<input type="checkbox"/> Legal description of the facility											
PART 3: APPLICANT CERTIFICATION											
Name of Authorized Company Officer (no authorized agents)		Telephone Number									
Fax Number		E-mail Address									
Mailing Address		City	State								
			ZIP Code								
<i>I certify that, to the best of my knowledge, the information contained herein and in the attachments is truly descriptive of the property for which this application is being submitted. Further, I am familiar with the provisions of Public Act 255 of 1978, as amended, and to the best of my knowledge the company has complied or will be able to comply with all of the requirements thereof which are prerequisite to the approval of the application by the local governmental unit and the issuance of a Commercial Facilities Exemption Certificate by the State Tax Commission.</i>											
<i>I further certify that this application relates to a program, when completed, will constitute a facility, as defined by Public Act 255 of 1978, as amended.</i>											
Signature of Authorized Company Officer (no authorized agents)		Title	Date								

PART 4: LGU ASSESSOR CERTIFICATION

Provide the Taxable Value and State Equalized Value of the Commercial Property.

	Taxable Value (excluding land)	State Equalized Value (SEV) (excluding land)	
Building			

The property to be covered by this exemption may not be included on any other specific tax roll while receiving the Commercial Facilities Exemption. For example, property on the Eligible Tax Reverted Property (Land Bank) specific tax roll cannot be granted a Commercial Facilities Exemption that would also put the same property on the Commercial Facilities specific tax roll.

By checking this box I certify that, if approved, the property to be covered by this exemption will be on the Commercial Facilities Exemption specific tax roll and not on any other specific tax roll.

Name of Assessor (first and last name)		Telephone Number	
Fax Number		E-mail Address	
Mailing Address	City	State	ZIP Code

I certify that, to the best of my knowledge, the information contained in Part 4 of this application is complete and accurate.

Assessor's Signature	Date
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PART 5: LGU ACTION / CERTIFICATION (LGU Clerk must complete Part 5)

Action Taken By LGU:

Exemption approved for _____ years, ending December 30, _____ (not to exceed 12 years)

Exemption Denied

Date District Established (attach resolution for district)	Local Unit Classification Identification (LUCI) Code	School Code
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Name of Clerk (first and last name)		Telephone Number	
Fax Number		E-mail Address	
Mailing Address	City	State	ZIP Code
LGU Contact Person for Additional Information	LGU Contact Person Telephone Number	Fax Number	

I certify that, to the best of my knowledge, the information contained in this application and attachments is complete and accurate.

Clerk's Signature	Date
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If you have questions, need additional information or sample documents, call (517) 373-2408 or visit www.michigan.gov/propertytaxexemptions.

Instructions for Completing Form 4757

Application for Commercial Facilities Exemption Certificate

The Commercial Facilities Exemption Certificate was created by Public Act 255 of 1978, as amended. Applications for a certificate of exemption are filed, reviewed, and approved by the Local Governmental Unit (LGU). A copy of the certificate is filed with the State Tax Commission.

Owner / Applicant Instructions

1. Complete Parts 1, 2 and 3 of the application. Restoration, replacement, or construction may commence **after** establishment of a district.
2. The following must be provided to the LGU as attachments to the application:
 - a. General description of the facility (year built, original use, most recent use, number of stories, square footage).
 - b. General description of the proposed use of the facility.
 - c. General description of the nature and extent of the restoration, replacement, or construction to be undertaken.
 - d. Legal description of the facility.
 - e. Descriptive list of the fixed building equipment that will be a part of the facility.
 - f. Time schedule for undertaking and completing the restoration, replacement, or construction of the facility.
 - g. Statement of the economic advantages expected from the exemption.
3. After reviewing Parts 1, 2, and 3 for complete and accurate information, sign the application where indicated.

LGU Assessor Instructions

1. Complete Part 4 of the application.
2. After completing Part 4, sign where indicated to certify that if approved, the property will appear on the Commercial Facilities Exemption specific tax roll only.

LGU Clerk Instructions

1. After the LGU passes a resolution approving the application, complete Part 5 of the application. A resolution template with required statements can be found at **www.michigan.gov/propertytaxexemptions**.
2. After reviewing the application for complete and accurate information, sign the application to certify the application meets the requirements as outlined by Public Act 255 of 1978, as amended.
3. Issue a certificate to the applicant using the certificate templates found at **www.michigan.gov/propertytaxexemptions**.
4. If in Part 1 the applicant did **not** wish to be considered for the State Education Tax exclusion, submit only a copy of the Certificate to the State Tax Commission at the address given below.
5. If in Part 1 the applicant did wish to be considered for the State Education Tax exclusion, submit a copy of the certificate, application and attachments to the State Tax Commission at the address given below.

State Tax Commission
P.O. Box 30471
Lansing, MI 48909