

OCT 9 12

COPIES OF THE  
DISBURSEMENT  
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CONTROLLER'S  
OFFICE



# The Give A Gift Foundation

is helping cancer patients emotionally, spiritually and financially

Kimberly Meyers  
Christina Krupa  
Molly Auckler

October 2, 2012

Scott Adkins  
City Manager  
City of Roseville  
29777 Gratiot Avenue  
Roseville MI 48066

Dear Mr. Adkins:

The Give a Gift Foundation is a 501c3 nonprofit organization that helps terminally ill cancer patients. Our four core programs are for assistance with housing, medical bills, prescriptions, and food, but are not limited to these.

This is a request to solicit donations in the city of Roseville. All proceeds benefit cancer patients with their immediate needs. We are looking to collect donations in intersections on October 25, 26 and 27, 2012. The time would be 9 am until 7 pm. The intersections in consideration are:

- 11 Mile and Gratiot Ave.,
- 13 Mile and Grosebeck
- 13 Mile and Gratiot Ave.,
- 13 Mile and Little Mack,
- Gratiot and Masonic,
- Common and Gratiot, and
- Frazho and Kelly.

On behalf of The Give a Gift Foundation, we thank you for your time and consideration. Please feel free to contact me at anytime with any further questions at 586-872-2711.

Sincerely,

Jacki Hagel  
Office Manager

28351 Gratiot Ave., Suite 4, Roseville, MI 48066  
Phone: 586-872-2711 Fax: 586-872-2703

# INTER-OFFICE MEMO

**TO:** Chief James Berlin  
**FROM:** Scott Adkins, City Manager  
**DATE:** October 2, 2012  
**SUBJECT:** The Give a Gift Foundation  
**Solicit Donations**  
**October 25<sup>th</sup> – 27<sup>th</sup>, 2012**

=====

We received a request from The Give a Gift Foundation to solicit donations on the city streets October 25<sup>th</sup> – 27<sup>th</sup>. This group has been made aware of the soliciting guidelines established by City Council. Proceeds benefit cancer patients with their immediate needs.

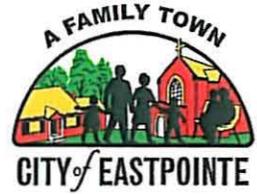
Please review this request and submit a recommendation so this item may appear on the October 9<sup>th</sup> Council agenda.

att.

/yk



**Recreational Authority of Roseville-Eastpointe**  
**18185 Sycamore, Roseville, MI 48066**  
**586-445-5480**



September 20, 2012

TO: Scott Adkins, City Manager  
FROM: Tony Lipinski, Director, Parks & Recreation  
RE: 34th Annual Big Bird Run

Please consider this as our request to place on the City Council Agenda the approval to use city streets for the 34th Annual Big Bird Run on:

Sunday, November 11, 2012  
10:00 a.m. to 11:30 a.m.

This road run also requires county and state approval, which is coordinated through the City Clerk's Office after Council approval.

Attached is a map of this year's course. The course is the same as in 2011. Please let me know if you require further information.

Attachment

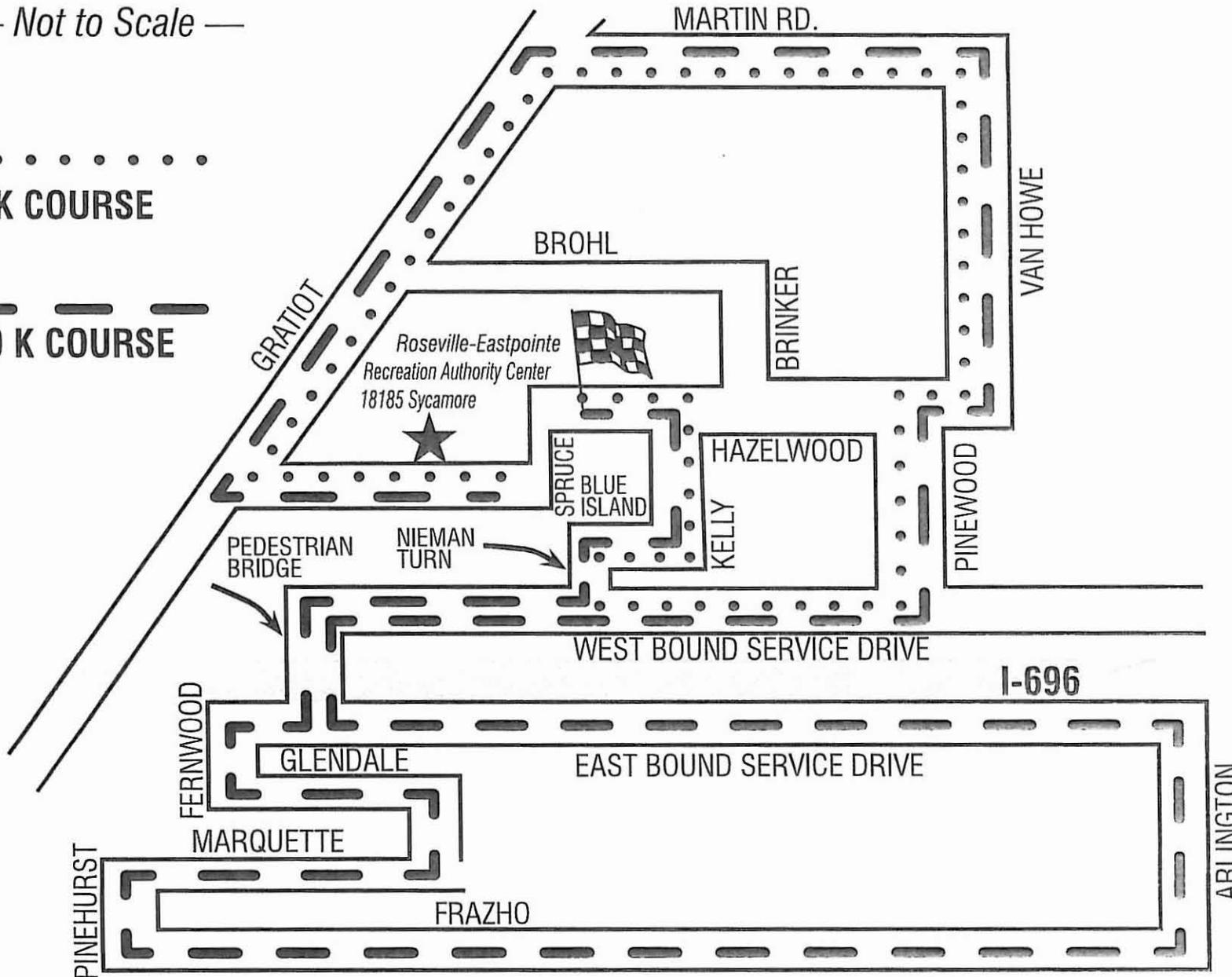
cc: Richard Steenland  
Recreation Authority Board

# 10K & 4K Routes for Big Bird Run

— Not to Scale —

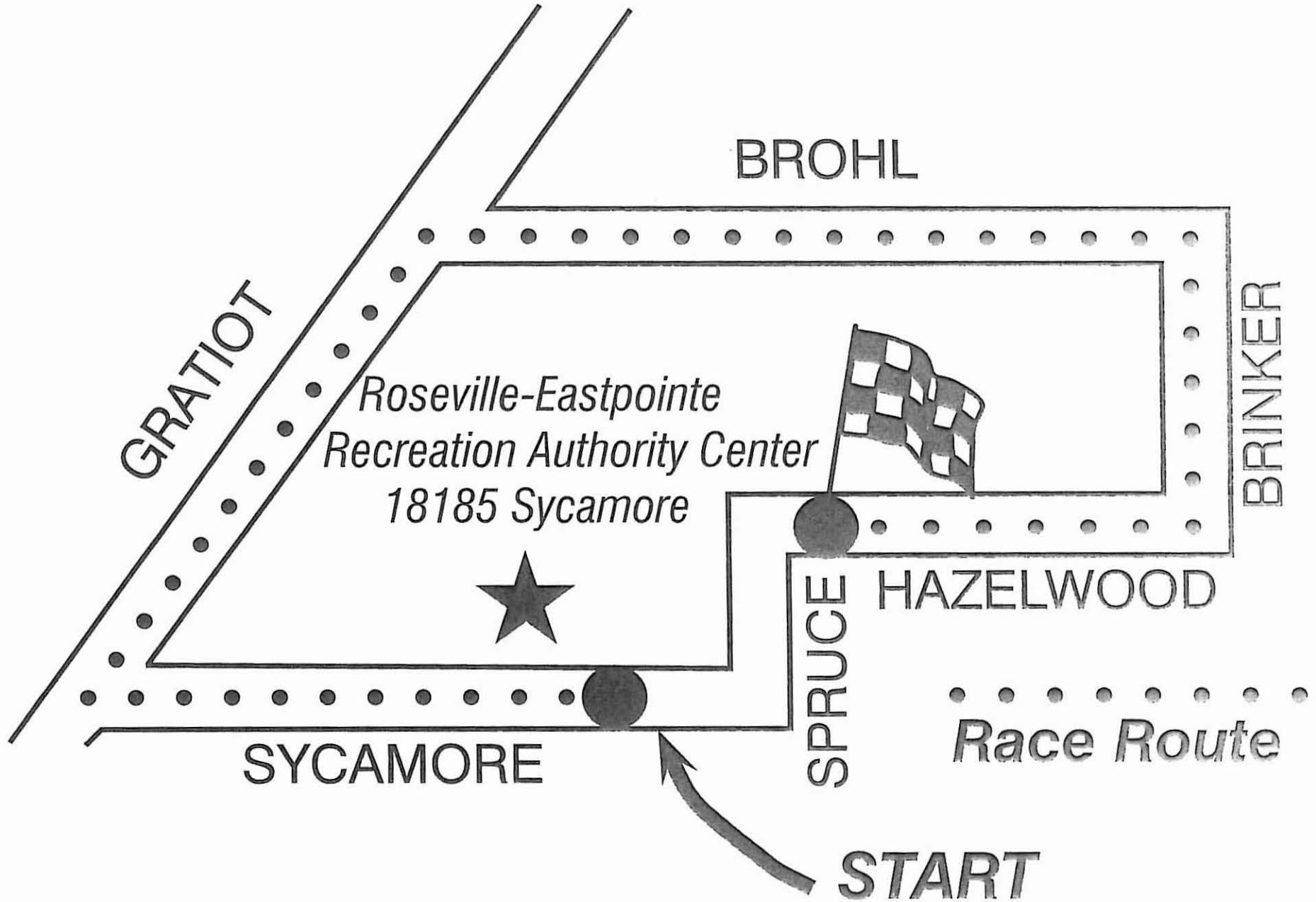
.....  
4 K COURSE

-----  
10 K COURSE



1-94

One Mile Route – Big Bird Run



1/2/12

COPY

Michigan Department of Treasury  
4507 (Rev. 06-09)

STATE USE ONLY		
Application Number	Date Received	LUCI Code

### Application for Commercial Rehabilitation Exemption Certificate

Issued under authority of Public Act 210 of 2005, as amended.

Read the instructions page before completing the form. This application should be filed after the commercial rehabilitation district is established. The applicant must complete Parts 1, 2 and 3 and file one original application form (with required attachments) and one additional copy with the clerk of the local governmental unit (LGU). Attach the legal description of property on a separate sheet. This project will not receive tax benefits until approved by the State Tax Commission (STC). Applications received after October 31 may not be acted upon in the current year. This application is subject to audit by the STC.

PART 1: OWNER / APPLICANT INFORMATION (applicant must complete all fields)			
Applicant (Company) Name (applicant must be the owner of the facility) CH Macomb LLC a Michigan Limited Liability Company		NAICS or SIC Code 711310	
Facility's Street Address 20891 E. 13 Mile Rd	City Roseville	State MI	ZIP Code 48082
Name of City, Township or Village (taxing authority) Roseville	County Macomb	School District Where Facility is Located Roseville	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village			
Date of Rehabilitation Commencement (mm/dd/yyyy) 03/01/2013	Planned Date of Rehabilitation Completion (mm/dd/yyyy) 12/31/2013		
Estimated Cost of Rehabilitation \$14,000,000	Number of Years Exemption Requested (1-10) 10		
Expected Project Outcomes (check all that apply)			
<input checked="" type="checkbox"/> Increase Commercial Activity	<input checked="" type="checkbox"/> Retain Employment	<input checked="" type="checkbox"/> Revitalize Urban Areas	
<input checked="" type="checkbox"/> Create Employment	<input type="checkbox"/> Prevent Loss of Employment	<input type="checkbox"/> Increase Number of Residents In Facility's Community	
No. of jobs to be created due to facility's rehabilitation 100	No. of jobs to be retained due to facility's rehabilitation	No. of construction jobs to be created during rehabilitation 150	

PART 2: APPLICATION DOCUMENTS	
Prepare and attach the following items:	
<input checked="" type="checkbox"/> General description of the facility (year built, original use, most recent use, number of stories, square footage)	<input checked="" type="checkbox"/> Statement of the economic advantages expected from the exemption
<input checked="" type="checkbox"/> Description of the qualified facility's proposed use	<input checked="" type="checkbox"/> Legal description
<input checked="" type="checkbox"/> Description of the general nature and extent of the rehabilitation to be undertaken	<input type="checkbox"/> Description of the "underserved area" (Qualified Retail Food Establishments only)
<input checked="" type="checkbox"/> Descriptive list of the fixed building equipment that will be a part of the qualified facility	<input type="checkbox"/> Commercial Rehabilitation Exemption Certificate for Qualified Retail Food Establishments (Form 4753) (Qualified Retail Food Establishments only)
<input checked="" type="checkbox"/> Time schedule for undertaking and completing the facility's rehabilitation	

PART 3: APPLICANT CERTIFICATION			
Name of Authorized Company Officer (no authorized agents) Paul A. Glantz		Telephone Number (248) 842-5817	
Fax Number (248) 269-5521		E-mail Address pag@emagine-entertainment.com	
Street Address 303 Gray Woods Lane	City Lake Angelus	State MI	ZIP Code 48326
<p>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 210 of 2005, 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 Rehabilitation Exemption Certificate by the State Tax Commission.</p> <p>I further certify that this rehabilitation program, when completed, will constitute a rehabilitated facility, as defined by Public Act 210 of 2005, as amended, and that the rehabilitation of this facility would not have been undertaken without my receipt of the exemption certificate.</p>			
Signature of Authorized Company Officer (no authorized agents)		Title Manager	Date 10/1/12

<b>PART 4: ASSESSOR RECOMMENDATIONS</b> (assessor of LGU must complete Part 4)			
Provide the Taxable Value and State Equalized Value of Commercial Property, as provided in Public Act 210 of 2005, as amended, for the tax year immediately preceding the effective date of the certificate (December 31 of the year approved by the STC).			
	Taxable Value	State Equalized Value (SEV)	
Land			
Building(s)			
The property to be covered by this exemption may not be included on any other specific tax roll while receiving the Commercial Rehabilitation Exemption. For example, property on the Eligible Tax Reverted Property (Land Bank) specific tax roll cannot be granted a Commercial Rehabilitation Exemption that would also put the same property on the Commercial Rehabilitation specific tax roll.			
<input type="checkbox"/> By checking this box I certify that, if approved, the property to be covered by this exemption will be on the Commercial Rehabilitation Exemption specific tax roll and not on any other specific tax roll.			
Name of Local Government Body			
Name of Assessor (first and last name)		Telephone Number	
Fax Number		E-mail Address	
<i>I certify that, to the best of my knowledge, the information contained in Part 4 of this application is complete and accurate.</i>			
Assessor's Signature			Date
<b>PART 5: LOCAL GOVERNMENT ACTION</b> (clerk of LGU must complete Part 5)			
Action Taken By LGU (attach a certified copy of the resolution):			
<input type="checkbox"/> Exemption approved for _____ years, ending December 30, _____ (not to exceed 10 years)			
<input type="checkbox"/> Exemption Denied			
Date District Established (attach resolution for district)	Local Unit Classification Identification (LUCI) Code	School Code	
<b>PART 6: LOCAL GOVERNMENT CLERK CERTIFICATION</b> (clerk of LGU must complete Part 6)			
Clerk's Name (first and last)		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>I certify that, to the best of my knowledge, the information contained in this application and attachments is complete and accurate and hereby request the State Tax Commission issue a Commercial Rehabilitation Exemption Certificate, as provided by Public Act 210 of 2005, as amended.</i>			
Clerk's Signature			Date

The clerk must retain the original application at the local unit and mail one copy of the completed application with attachments to:

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

COPY

# Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of Public Act 198 of 1974, as amended. Filing is mandatory.

**INSTRUCTIONS:** File the original and two copies of this form and the required attachments (three complete sets) with the clerk of the local government unit. The State Tax Commission (STC) requires two complete sets (one original and one copy). One copy is retained by the clerk. If you have any questions regarding the completion of this form or would like to request an informational packet, call (517) 373-3272.

To be completed by Clerk of Local Government Unit	
Signature of Clerk	▶ Date received by Local Unit
STC Use Only	
▶ Application Number	▶ Date Received by STC

## APPLICANT INFORMATION

All boxes must be completed.

▶ 1a. Company Name (Applicant must be the occupant/operator of the facility) RCO Engineering, Inc.		▶ 1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) 336300	
▶ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) 29200 Calahan Road (Headquarters), Roseville 48066		▶ 1d. City/Township/Village (indicate which) City of Roseville	▶ 1e. County Macomb
▶ 2. Type of Approval Requested <input checked="" type="checkbox"/> New (Sec. 2(4)) <input type="checkbox"/> Transfer (1 copy only) <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Rehabilitation (Sec. 3(1)) <input type="checkbox"/> Research and Development (Sec. 2(9))		▶ 3a. School District where facility is located Roseville	▶ 3b. School Code 50030
▶ 4. Amount of years requested for exemption (1-12 Years) 12 years			

5. Per section 5, the application shall contain or be accompanied by a general description of the facility and a general description of the proposed use of the facility, the general nature and extent of the restoration, replacement, or construction to be undertaken, a descriptive list of the equipment that will be part of the facility. Attach additional page(s) if more room is needed.

Industrial facilities used for the design, build and manufacture of automotive, defense, aerospace & miscellaneous industries. Equipment purchases are planned to facilitate the growth of our automotive business as well as support the contracts we have been awarded in the aerospace & defense markets. Real property improvements are also planned.

6a. Cost of land and building improvements (excluding cost of land) .....	▶ \$525,000.00
* Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.	Real Property Costs
6b. Cost of machinery, equipment, furniture and fixtures .....	▶ \$4,950,450.00
* Attach itemized listing with month, day and year of beginning of installation, plus total	Personal Property Costs
6c. Total Project Costs .....	▶ \$5,475,450.00
* Round Costs to Nearest Dollar	Total of Real & Personal Costs

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

	Begin Date (M/D/Y)	End Date (M/D/Y)	
Real Property Improvements ▶	11/1/12	10/31/14	▶ <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased
Personal Property Improvements ▶	11/1/12	10/31/14	▶ <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased

▶ 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption.  Yes  No

▶ 9. No. of existing jobs at this facility that will be retained as a result of this project. **740**

▶ 10. No. of new jobs at this facility expected to create within 2 years of completion. **31+**

11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of SEV for the entire plant rehabilitation district and obsolescence statement for property. The Taxable Value (TV) data below must be as of December 31 of the year prior to the rehabilitation.

a. TV of Real Property (excluding land) .....	_____
b. TV of Personal Property (excluding inventory) .....	_____
c. Total TV .....	N/A

▶ 12a. Check the type of District the facility is located in:  
 Industrial Development District       Plant Rehabilitation District

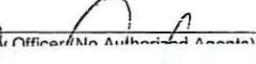
▶ 12b. Date district was established by local government unit (contact local unit)  
4/12/11

▶ 12c. Is this application for a speculative building (Sec. 3(8))?  
 Yes  No

**APPLICANT CERTIFICATION - complete all boxes.**

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he 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 unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name Debbie Mack	13b. Telephone Number (586) 415-4601	13c. Fax Number (586) 415-4733	13d. E-mail Address debbie.mack@rcoeng.com
14a. Name of Contact Person Debbie Mack	14b. Telephone Number (586) 415-4601	14c. Fax Number (586) 415-4733	14d. E-mail Address debbie.mack@rcoeng.com
▶ 15a. Name of Company Officer (No Authorized Agents) Stephen Carollo			
15b. Signature of Company Officer (No Authorized Agents) 		15c. Fax Number (586) 415-4733	15d. Date 10-01-2012
29200 Calahan Road, Roseville, MI 48066		15f. Telephone Number (586) 415-4601	15g. E-mail Address stephen.carollo@rcoeng.com

**LOCAL GOVERNMENT ACTION & CERTIFICATION - complete all boxes.**

This section must be completed by the clerk of the local governing unit before submitting application to the State Tax Commission. Check items on file at the Local Unit and those included with the submittal.

▶ 16. Action taken by local government unit <input type="checkbox"/> Abatement Approved for _____ Yrs Real (1-12), _____ Yrs Pers (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application: <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input type="checkbox"/> 2. Resolution establishing district <input type="checkbox"/> 3. Resolution approving/denying application. <input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input type="checkbox"/> 7. Equipment List with dates of beginning of installation <input type="checkbox"/> 8. Form 3222 (if applicable) <input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)
16a. Documents Required to be on file with the Local Unit <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Notice to the public prior to hearing establishing a district. <input type="checkbox"/> 2. Notice to taxing authorities of opportunity for a hearing. <input type="checkbox"/> 3. List of taxing authorities notified for district and application action. <input type="checkbox"/> 4. Lease Agreement showing applicants tax liability.	
16c. LUCI Code	16d. School Code
17. Name of Local Government Body	▶ 18. Date of Resolution Approving/Denying this Application

Attached hereto is an original and one copy of the application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time.

19a. Signature of Clerk	19b. Name of Clerk	19c. E-mail Address
19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
19e. Telephone Number	19f. Fax Number	

State Tax Commission Rule Number 57: Complete applications approved by the local unit and received by the State Tax Commission by October 31 each year will be acted upon by December 31. Applications received after October 31 may be acted upon in the following year.

Local Unit: Mail one original and one copy of the completed application and all required attachments to:

State Tax Commission  
Michigan Department of Treasury  
P.O. Box 30471  
Lansing, MI 48909-7971

(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

STC USE ONLY				
▶ LUCI Code	▶ Begin Date Real	▶ Begin Date Personal	▶ End Date Real	▶ End Date Personal

COPY

# Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of Public Act 198 of 1974, as amended. Filing is mandatory.

**INSTRUCTIONS:** File the original and two copies of this form and the required attachments (three complete sets) with the clerk of the local government unit. The State Tax Commission (STC) requires two complete sets (one original and one copy). One copy is retained by the clerk. If you have any questions regarding the completion of this form or would like to request an informational packet, call (517) 373-3272.

To be completed by Clerk of Local Government Unit	
Signature of Clerk	▶ Date received by Local Unit
STC Use Only	
▶ Application Number	▶ Date Received by STC

## APPLICANT INFORMATION

All boxes must be completed.

▶ 1a. Company Name (Applicant must be the occupant/operator of the facility) RCO Engineering, Inc.	▶ 1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) 336300	
▶ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) 15686 Sturgeon, Roseville MI 48066	▶ 1d. City/Township/Village (indicate which) City of Roseville	▶ 1e. County Macomb
▶ 2. Type of Approval Requested <input checked="" type="checkbox"/> New (Sec. 2(4)) <input type="checkbox"/> Transfer (1 copy only) <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Rehabilitation (Sec. 3(1)) <input type="checkbox"/> Research and Development (Sec. 2(9))	▶ 3a. School District where facility is located Roseville	▶ 3b. School Code 50030
4. Amount of years requested for exemption (1-12 Years) 12 years		

5. Per section 5, the application shall contain or be accompanied by a general description of the facility and a general description of the proposed use of the facility, the general nature and extent of the restoration, replacement, or construction to be undertaken, a descriptive list of the equipment that will be part of the facility. Attach additional page(s) if more room is needed.

Industrial facilities used for the design, build and manufacture of automotive, defense, aerospace and miscellaneous industries. Equipment purchases are planned to facilitate the growth of our core automotive business as well as support the new contracts we have been awarded in the aerospace and defense markets.

6a. Cost of land and building improvements (excluding cost of land)..... * Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.	▶ _____ Real Property Costs
6b. Cost of machinery, equipment, furniture and fixtures..... * Attach itemized listing with month, day and year of beginning of installation, plus total	▶ \$729,000.00 Personal Property Costs
6c. Total Project Costs ..... * Round Costs to Nearest Dollar	▶ \$729,000.00 Total of Real & Personal Costs

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

	<u>Begin Date (M/D/Y)</u>	<u>End Date (M/D/Y)</u>	
Real Property Improvements ▶	_____	_____	▶ <input type="checkbox"/> Owned <input type="checkbox"/> Leased
Personal Property Improvements ▶	11/1/12	10/31/14	▶ <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased

▶ 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption.  Yes  No

▶ 9. No. of existing jobs at this facility that will be retained as a result of this project. 51	▶ 10. No. of new jobs at this facility expected to create within 2 years of completion. 3+
---	---

11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of SEV for the entire plant rehabilitation district and obsolescence statement for property. The Taxable Value (TV) data below must be as of December 31 of the year prior to the rehabilitation.

a. TV of Real Property (excluding land) .....	_____
b. TV of Personal Property (excluding inventory) .....	_____
c. Total TV .....	_____

▶ 12a. Check the type of District the facility is located in:

Industrial Development District       Plant Rehabilitation District

▶ 12b. Date district was established by local government unit (contact local unit) 4/12/11	▶ 12c. Is this application for a speculative building (Sec. 3(8))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

**APPLICANT CERTIFICATION - complete all boxes.**

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he 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 unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name Debbie Mack	13b. Telephone Number (586) 415-4601	13c. Fax Number (586) 415-4733	13d. E-mail Address debbie.mack@rcoeng.com
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▶ 15a. Name of Company Officer (No Authorized Agents) Stephen Carollo			
15b. Signature of Company Officer (No Authorized Agents)		15c. Fax Number (586) 415-4733	15d. Date 10-01-2012
▶ 15 29200 Calahan Road, Roseville, MI 48066		15f. Telephone Number (586) 415-4601	15g. E-mail Address stephen.carollo@rcoeng.com

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▶ 16. Action taken by local government unit <input type="checkbox"/> Abatement Approved for _____ Yrs Real (1-12), _____ Yrs Pers (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application: <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input type="checkbox"/> 2. Resolution establishing district <input type="checkbox"/> 3. Resolution approving/denying application. <input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input type="checkbox"/> 7. Equipment List with dates of beginning of installation <input type="checkbox"/> 8. Form 3222 (if applicable) <input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)
16a. Documents Required to be on file with the Local Unit <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Notice to the public prior to hearing establishing a district. <input type="checkbox"/> 2. Notice to taxing authorities of opportunity for a hearing. <input type="checkbox"/> 3. List of taxing authorities notified for district and application action. <input type="checkbox"/> 4. Lease Agreement showing applicants tax liability.	
16c. LUCI Code	16d. School Code
17. Name of Local Government Body	▶ 18. Date of Resolution Approving/Denying this Application

Attached hereto is an original and one copy of the application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time.

19a. Signature of Clerk	19b. Name of Clerk	19c. E-mail Address
19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
19e. Telephone Number	19f. Fax Number	

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Local Unit: Mail one original and one copy of the completed application and all required attachments to:

**State Tax Commission**  
Michigan Department of Treasury  
P.O. Box 30471  
Lansing, MI 48909-7971

(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

STC USE ONLY				
▶ LUCI Code	▶ Begin Date Real	▶ Begin Date Personal	▶ End Date Real	▶ End Date Personal





# Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of P.A. 198 of 1974, as amended. Filing is mandatory.

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To be completed by Clerk of Local Government Unit	
Signature of Clerk	▶ Date received by Local Unit
STC Use Only	
▶ Application number	▶ Date received by STC

## APPLICANT INFORMATION

All boxes must be completed.

▶ 1a. Company Name (Applicant must be occupant/operator of the facility) <b>American Modular Tooling LLC/Paul W Marino Gages Inc.</b>		▶ 1b. Standard Industrial Classification (SIC) Code – Sec. 2(10) (4 or 6 Digit Code) <b>333514</b>	
▶ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) <b>30744 Groesbeck Hwy, Roseville, MI 48066</b>		▶ 1d. City/Township/Village (indicate which) <b>City of Roseville</b>	▶ 1e. County <b>Macomb</b>
▶ 2. Type of Approval Requested <input type="checkbox"/> New <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Research and Development (Sec.2(9))		▶ 3a. School District where facility is located <b>Roseville</b>	▶ 3b. School Code <b>50030</b>
<input type="checkbox"/> Transfer (1 copy only) <input checked="" type="checkbox"/> Rehabilitation (Sec. 3(1))		▶ 4. Amount of years requested for exemption (1 -12 years) <b>7 Years on New</b>	

5. Thoroughly describe the project for which exemption is sought: Real Property (Type of Improvements to Land, Building, Size of Addition); Personal Property (Explain New, Used, Transferred from Out-of-State, etc.) and Proposed Use of Facility. (Please attach additional page(s) if more room is needed).  
 Company has recently moved into existing structure at 30744 Groesbeck from its former location in Warren. The building will be rehabilitated to make functional and productive and the company will be transferring all equipment and machinery from its Warren plant and is requesting a transfer of its current IFT to this new location. Additionally, since the existing structure is only 20,000 sq.ft., half the size of the former location, we plan to build a new Office Headquarters building on the adjacent parcel at 30810 Groesbeck. We manufacture environmentally responsible equipment in the form of kits, individual components and complete tools. The equipment, renovated building space and new office building will allow us to handle the new business, hire more workers and make the firm more competitive.

6a. Cost of land and building improvements (excluding cost of land)..... * Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.	▶ <u>\$ 354,000.00</u> Real Property Costs
6b. Cost of machinery, equipment, furniture and fixture..... * Attach itemized listing with month, day and year of beginning of installation plus total costs	▶ <u>\$ 500,000.00</u> Personal Property Costs
6c. Total Project Costs ..... * Round Costs to Nearest Dollar	▶ <u>\$ 834,000.00</u> Total of Real & Personal Costs

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

	Begin Date (M/D/Y)	End Date (M/D/Y)		
Real Property Improvements	7/31/12	7/31/14	▶ <input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Leased
Personal Property Improvements	7/31/12	7/31/14	▶ <input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Leased

▶ 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption.  Yes  No

▶ 9. No. of existing jobs at this facility that will be retained as a result of this project. <b>7 Jobs Retained</b>	▶ 10. No. of new jobs at this facility expected to create within 2 years of completion. <b>7 Jobs Created</b>
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11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of valuation for the entire plant rehabilitation district and obsolescence statement for property. The SEV data below must be as of December 31 of the year prior to the rehabilitation.

a. SEV of Real Property (excluding land).....	<u>\$176,316.00</u>
b. SEV of Personal Property (excluding inventory).....	<u>n/a</u>
c. Total SEV.....	<u>\$176,316.00</u>

▶ 12a. Check the type of District the facility is located in:  
 Industrial Development District  Plant Rehabilitation District

▶ 12b. Date district was established by local government unit (contact local unit) <b>To Be Determined</b>	▶ 12c. Is this application for a speculative building (Sec. 3(8))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

**APPLICANT CERTIFICATION - complete all boxes.**

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he 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 unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name <b>Linda Marino</b>	13b. Telephone Number <b>(586) 772-2400</b>	13c. Fax Number <b>(586) 772-2425</b>	13d. E-mail Address <b>PWMINC@COVAD.NET</b>
14a. Name of Contact Person <b>Linda Marino</b>	14b. Telephone Number <b>(586) 772-2400</b>	14c. Fax Number <b>(586) 772-2425</b>	14d. E-mail Address <b>PWMINC@COVAD.NET</b>
▶ 15a. Name of Company Officer (No Authorized Agents) <b>Paul Marino, President</b>			
<del>15b. Signature of Company Officer (No Authorized Agents)</del>		15c. Fax Number <b>(586) 772-2425</b>	15d. Date <b>10-2-12</b>
<b>30744 GROESBECK HWY., ROSEVILLE, MI 48066</b>		15f. Telephone Number <b>(586) 772-2400</b>	14g. E-mail Address <b>PWMINC@COVAD.NET</b>

**LOCAL GOVERNMENT ACTION & CERTIFICATION - complete all boxes.**

This section must be completed by the clerk of the local governing unit before submitting application to the State Tax Commission. Check items on file at the Local Unit and those included with the submittal.

▶ 16. Action taken by local government unit <input type="checkbox"/> Abatement Approved for _____ Years (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application: <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input type="checkbox"/> 2. Resolution establishing district <input type="checkbox"/> 3. Resolution approving/denying application. <input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input type="checkbox"/> 7. Equipment List with dates of beginning of installation <input type="checkbox"/> 8. Form 3222 (if applicable) <input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)
16a. Documents Required to be on file with the Local Unit <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Notice to the public prior to hearing establishing a district. <input type="checkbox"/> 2. Notice to taxing authorities of opportunity for a hearing. <input type="checkbox"/> 3. List of taxing authorities notified for district and application action. <input type="checkbox"/> 4. Lease Agreement showing applicants tax liability.	16d. School Code
16c. LUCI Code	▶ 18. Date of Resolution Approving/Denying this Application
17. Name of Local Government Body	

Attached hereto is an original and one copy of the application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time.

19a. Signature of Clerk	19b. Name of Clerk	19c. E-mail Address
19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
19e. Telephone Number	19f. Fax Number	

State Tax Commission Rule Number 57: Complete applications approved by the local unit and received by the State Tax Commission by October 31 each year will be acted upon by December 31. Applications received after October 31 may be acted upon in the following year.

Local Unit: Mail one original and one copy of the completed application and all required attachments to:

State Tax Commission  
Michigan Department of Treasury  
P.O. Box 30471  
Lansing, MI 48909-7971

(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

STC USE ONLY				
▶ LUCI Code	▶ Begin Date Real	▶ Begin Date Personal	▶ End Date Real	▶ End Date Personal

# Application for Industrial Facilities Tax Exemption Certificate

Issued under authority of P.A. 198 of 1974, as amended. Filing is mandatory.

**INSTRUCTIONS:** File the original and two copies of this form and the required attachments (three complete sets) with the clerk of the local government unit. The State Tax Commission (STC) requires two complete sets (one original and one copy). One copy is retained by the clerk. If you have any questions regarding the completion of this form or would like to request an informational packet, call (517) 373-3272.p

To be completed by Clerk of Local Government Unit	
Signature of Clerk	▶ Date received by Local Unit
STC Use Only	
▶ Application number	▶ Date received by STC

**APPLICANT INFORMATION**  
All boxes must be completed.

▶ 1a. Company Name (Applicant must be occupant/operator of the facility) <b>American Modular Tooling LLC/Paul W Marino Gages Inc</b>		▶ 1b. Standard Industrial Classification (SIC) Code – Sec. 2(10) (4 or 6 Digit Code) <b>333514</b>	
▶ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) <b>30810 Groesbeck Hwy, Roseville, MI 48066</b>		▶ 1d. City/Township/Village (indicate which) <b>City of Roseville</b>	▶ 1e. County <b>Macomb</b>
▶ 2. Type of Approval Requested <input type="checkbox"/> New <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Research and Development (Sec.2(9))		▶ 3a. School District where facility is located <b>Roseville</b>	▶ 3b. School Code <b>50030</b>
<input type="checkbox"/> Transfer (1 copy only)		▶ 4. Amount of years requested for exemption (1 -12 years) <b>6 Years on New and 5 Years on Transferred</b>	
<input checked="" type="checkbox"/> Rehabilitation (Sec. 3(1))			

5. Thoroughly describe the project for which exemption is sought: Real Property (Type of Improvements to Land, Building, Size of Addition); Personal Property (Explain New, Used, Transferred from Out-of-State, etc.) and Proposed Use of Facility. (Please attach additional page(s) if more room is needed).  
Company has recently moved into existing structure at 30744 Groesbeck from its former location in Warren. The building will be rehabilitated to make functional and productive and the company will be transferring all equipment and machinery from its Warren plant and is requesting a transfer of its current IFT to this new location. Additionally, since the existing structure is only 20,000 sq.ft., half the size of the former location, we plan to build a new Office Headquarters building on the adjacent parcel at 30810 Groesbeck. We manufacture environmentally responsible equipment in the form of kits, individual components and complete tools. The equipment, renovated building space and new office building will allow us to handle the new business, hire more workers and make the firm more competitive.

6a. Cost of land and building improvements (excluding cost of land) .....	▶ <u>\$ 700,000.00</u> Real Property Costs
* Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.	
6b. Cost of machinery, equipment, furniture and fixture .....	▶ <u>\$</u> Personal Property Costs
* Attach itemized listing with month, day and year of beginning of installation plus total costs	
6c. Total Project Costs .....	▶ <u>\$ 700,000.00</u> Total of Real & Personal Costs
* Round Costs to Nearest Dollar	

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

	<u>Begin Date (M/D/Y)</u>	<u>End Date (M/D/Y)</u>	
Real Property Improvements	<u>7/31/12</u>	<u>7/31/14</u>	▶ <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased
Personal Property Improvements	<u>7/31/12</u>	<u>7/31/14</u>	▶ <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased

▶ 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption.     Yes     No

▶ 9. No. of existing jobs at this facility that will be retained as a result of this project. <b>7 Jobs Retained</b>	▶ 10. No. of new jobs at this facility expected to create within 2 years of completion. <b>7 Jobs Created</b>
---	--

11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of valuation for the entire plant rehabilitation district and obsolescence statement for property. The SEV data below must be as of December 31 of the year prior to the rehabilitation.

a. SEV of Real Property (excluding land) .....	<u>\$20,397.00</u>
b. SEV of Personal Property (excluding inventory) .....	<u>\$</u>
c. Total SEV .....	<u>\$20,397.00</u>

▶ 12a. Check the type of District the facility is located in:

Industrial Development District       Plant Rehabilitation District

▶ 12b. Date district was established by local government unit (contact local unit) <b>To Be Determined</b>	▶ 12c. Is this application for a speculative building (Sec. 3(8))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

**APPLICANT CERTIFICATION - complete all boxes.**

The undersigned, authorized officer of the company making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the industrial property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he 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 unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name Linda Marino	13b. Telephone Number (586) 772-2400	13c. Fax Number (586) 772-2425	13d. E-mail Address PWMINC@COVAD.NET
14a. Name of Contact Person Linda Marino	14b. Telephone Number (586) 772-2400	14c. Fax Number (586) 772-2425	14d. E-mail Address PWMINC@COVAD.NET
▶ 15a. Name of Company Officer (No Authority) Paul Marino, President			
▶ 15b. Signature of Company Officer (No Authority) <i>[Signature]</i>		15c. Fax Number (586) 772-2425	15d. Date 10-2-12
30744 Groesbeck Hwy., Roseville, MI 48066		15f. Telephone Number (586) 772-2400	14g. E-mail Address PWMINC@COVAD.NET

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▶ 16. Action taken by local government unit <input type="checkbox"/> Abatement Approved for _____ Years (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application: <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input type="checkbox"/> 2. Resolution establishing district <input type="checkbox"/> 3. Resolution approving/denying application. <input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input type="checkbox"/> 7. Equipment List with dates of beginning of installation <input type="checkbox"/> 8. Form 3222 (if applicable) <input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)
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16c. LUCI Code	16d. School Code
17. Name of Local Government Body	▶ 18. Date of Resolution Approving/Denying this Application

Attached hereto is an original and one copy of the application and all documents listed in 16b. I also certify that all documents listed in 16a are on file at the local unit for inspection at any time.

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19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
19e. Telephone Number	19f. Fax Number	

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State Tax Commission  
Michigan Department of Treasury  
P.O. Box 30471  
Lansing, MI 48909-7971

(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

STC USE ONLY				
▶ LUCI Code	▶ Begin Date Real	▶ Begin Date Personal	▶ End Date Real	▶ End Date Personal

**IFEC CERTIFICATE #2007-162  
TRANSFER FROM WARREN TO ROSEVILLE**

Michigan Department of Treasury  
1012 (Rev. 3-07)

**Application for Industrial Facilities Tax Exemption Certificate**

Issued under authority of P.A. 198 of 1974, as amended. Filing is mandatory.

**INSTRUCTIONS:** File the original and two copies of this form and the required attachments (three complete sets) with the clerk of the local government unit. The State Tax Commission (STC) requires two complete sets (one original and one copy). One copy is retained by the clerk. If you have any questions regarding the completion of this form or would like to request an informational packet, call (517) 373-3272.p

To be completed by Clerk of Local Government Unit	
Signature of Clerk	▶ Date received by Local Unit
STC Use Only	
▶ Application number	▶ Date received by STC

**APPLICANT INFORMATION**  
All boxes must be completed.

▶ 1a. Company Name (Applicant must be occupant/operator of the facility) <b>American Modular Tooling LLC/Paul W Marino Gages Inc</b>	▶ 1b. Standard Industrial Classification (SIC) Code – Sec. 2(10) (4 or 6 Digit Code) <b>333514</b>	
▶ 1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) <b>30744 Groesbeck Hwy, Roseville, MI 48066</b>	▶ 1d. City/Township/Village (indicate which) <b>City of Roseville</b>	▶ 1e. County <b>Macomb</b>
▶ 2. Type of Approval Requested <input type="checkbox"/> New <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Research and Development (Sec.2(9))	<input checked="" type="checkbox"/> Transfer (1 copy only) <input type="checkbox"/> Rehabilitation (Sec. 3(1))	▶ 3a. School District where facility is located <b>Roseville</b> ▶ 3b. School Code <b>50030</b>
▶ 4. Amount of years requested for exemption (1 -12 years) <b>5 Years on Transferred</b>		

5. Thoroughly describe the project for which exemption is sought: Real Property (Type of Improvements to Land, Building, Size of Addition); Personal Property (Explain New, Used, Transferred from Out-of-State, etc.) and Proposed Use of Facility. (Please attach additional page(s) if more room is needed).  
Company has recently moved into existing structure at 30744 Groesbeck from its former location in Warren. The building will be rehabilitated to make functional and productive and the company will be transferring all equipment and machinery from its Warren plant and is requesting a transfer of its current IFT to this new location. Additionally, since the existing structure is only 20,000 sq.ft., half the size of the former location, we plan to build a new Office Headquarters building on the adjacent parcel at 30810 Groesbeck. We manufacture environmentally responsible equipment in the form of kits, individual components and complete tools. The equipment, renovated building space and new office building will allow us to handle the new business, hire more workers and make the firm more competitive.

6a. Cost of land and building improvements (excluding cost of land)..... * Attach list of improvements and associated costs. * Also attach a copy of building permit if project has already begun.	▶	\$ _____ Real Property Costs
6b. Cost of machinery, equipment, furniture and fixture..... * Attach itemized listing with month, day and year of beginning of installation plus total costs	▶	\$ <u>100,180.00</u> Personal Property Costs
6c. Total Project Costs ..... * Round Costs to Nearest Dollar	▶	\$ _____ Total of Real & Personal Costs

7. Indicate the time schedule for start and finish of construction and equipment installation. Projects must be completed within a two year period of the effective date of the certificate unless otherwise approved by the STC.

	Begin Date (M/D/Y)	End Date (M/D/Y)		
Real Property Improvements	<u>7/31/12</u>	<u>7/31/14</u>	▶ <input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Leased
Personal Property Improvements	<u>7/31/12</u>	<u>7/31/14</u>	▶ <input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Leased

▶ 8. Are State Education Taxes reduced or abated by the Michigan Economic Development Corporation (MEDC)? If yes, applicant must attach a signed MEDC Letter of Commitment to receive this exemption.  Yes  No

▶ 9. No. of existing jobs at this facility that will be retained as a result of this project. <b>7 Jobs Retained</b>	▶ 10. No. of new jobs at this facility expected to create within 2 years of completion. <b>7 Jobs Created</b>
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11. Rehabilitation applications only: Complete a, b and c of this section. You must attach the assessor's statement of valuation for the entire plant rehabilitation district and obsolescence statement for property. The SEV data below must be as of December 31 of the year prior to the rehabilitation.

a. SEV of Real Property (excluding land).....	\$176,316.00
b. SEV of Personal Property (excluding inventory).....	_____
c. Total SEV.....	\$176,316.00

▶ 12a. Check the type of District the facility is located in:  
 Industrial Development District  Plant Rehabilitation District

▶ 12b. Date district was established by local government unit (contact local unit)  
**To Be Determined**

▶ 12c. Is this application for a speculative building (Sec. 3(8))?  
 Yes  No

## IFEC CERTIFICATE #2007-162 TRANSFER FROM WARREN TO ROSEVILLE

1012, Page 2

### APPLICANT CERTIFICATION - complete all boxes.

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It is further certified that the undersigned is familiar with the provisions of P.A. 198 of 1974, as amended, being Sections 207.551 to 207.572, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, (s)he 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 unit of government and the issuance of an Industrial Facilities Exemption Certificate by the State Tax Commission.

13a. Preparer Name <b>Linda Marino</b>	13b. Telephone Number <b>(586) 772-2400</b>	13c. Fax Number <b>(586) 772-2425</b>	13d. E-mail Address <b>PWMINC@COVAD.NET</b>
14a. Name of Contact Person <b>Linda Marino</b>	14b. Telephone Number <b>(586) 772-2400</b>	14c. Fax Number <b>(586) 772-2425</b>	14d. E-mail Address <b>PWMINC@COVAD.NET</b>
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15b. Signature 		15c. Fax Number <b>(586) 772-2425</b>	15d. Date <b>10-2-12</b>
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▶ 16. Action taken by local government unit <input type="checkbox"/> Abatement Approved for _____ Years (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Denied (Include Resolution Denying)	16b. The State Tax Commission Requires the following documents be filed for an administratively complete application: <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Original Application plus attachments, and one complete copy <input type="checkbox"/> 2. Resolution establishing district <input type="checkbox"/> 3. Resolution approving/denying application. <input type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant) <input type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant) <input type="checkbox"/> 6. Building Permit for real improvements if project has already begun <input type="checkbox"/> 7. Equipment List with dates of beginning of installation <input type="checkbox"/> 8. Form 3222 (if applicable) <input type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)
16a. Documents Required to be on file with the Local Unit <b>Check or Indicate N/A if Not Applicable</b> <input type="checkbox"/> 1. Notice to the public prior to hearing establishing a district. <input type="checkbox"/> 2. Notice to taxing authorities of opportunity for a hearing. <input type="checkbox"/> 3. List of taxing authorities notified for district and application action. <input type="checkbox"/> 4. Lease Agreement showing applicants tax liability.	16d. School Code
16c. LUCI Code	▶ 18. Date of Resolution Approving/Denying this Application
17. Name of Local Government Body	

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19d. Clerk's Mailing Address (Street, City, State, ZIP Code)		
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(For guaranteed receipt by the STC, it is recommended that applications are sent by certified mail.)

STC USE ONLY				
▶ LUCI Code	▶ Begin Date Real	▶ Begin Date Personal	▶ End Date Real	▶ End Date Personal

# Memorandum

**To:** Scott Adkins, City Manager  
**From:** Paul VanDamme, Purchasing Assistant  
**Date:** September 19, 2012  
**Re:** **Board-Ups**  
Bid # 371-011209

---

Bid Advertised: August 31, 2012 in the Macomb Daily  
Bid Due: September 13, 2012 at 11:00 a.m. Local Time  
Present at Bid Opening: Paul VanDamme, Purchasing Assistant  
Virginia Green, Administrative Assistant

The Building Department wrote specifications for boarding up of homes within the City. Bid Invitations were sent to eight (8) companies with four (4) companies responding with quotations.

The bid meeting specifications was received from Jarvis Property Restoration of Harrison Twp, MI in the amount of \$125 minimum per house with a square foot cost for the first floor of \$1.25 and \$1.75 for the second floor. Glenn Sexton, Building Director, has reviewed the quotes and finds that Jarvis Property Restoration meets all specifications. The City has done business with Jarvis Property Restoration in the past in a satisfactory manner.

Therefore, it is recommended that the City Council award the bid meeting specifications in the amount of **\$125 minimum per house with a square foot cost for the first floor of \$1.25 and \$1.75 for the second floor to Jarvis Property Restoration.**

Should you have any questions, please contact my office.

/pv

Attachments

