



# Macomb County Board of Commissioners

Dave Flynn – Board Chair    Kathy Tocco – Vice Chair    Steve Marino – Sergeant-At-Arms

District 1 – Andrey Duzyj    District 2 – Marv Sauger    District 3 – Veronica Klinefelt    District 5 – Rob Mijac    District 6 – Jim Carabelli  
District 7 – Don Brown    District 8 – Kathy Vosburg    District 9 – Fred Miller    District 12 – Bob Smith    District 13 – Joe Sabatini

## MEETING NOTICE

DATE/TIME: Thursday, September 08, 2016 immediately following Finance

COMMITTEE: Full Board

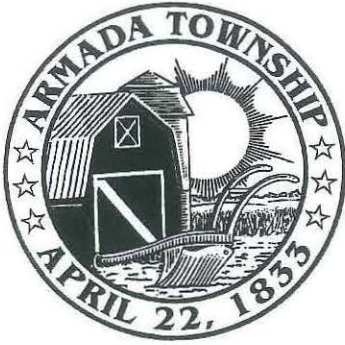
COMMITTEE CO-CHAIRS: Board Chair Flynn and Vice-Chair Tocco

COMMITTEE MEMBERS: Committee of the Whole

LOCATION: Room 126, Oakland University / Anton Frankel Center, 20 S. Main Street Mount Clemens, MI

## PRELIMINARY AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Roll Call
4. Adoption of Agenda
5. Approval of Minutes dated **August 18, 2016 and September 6, 2016** **(will be provided)**
6. Public Participation  
(Five minutes maximum per speaker, or longer at the discretion of the Chairperson, related only to issues on the agenda)
7. Committee Report:
  - a. Finance, September 8 **(will be provided)**
8. Correspondence:
  - a. Application for Industrial Facilities Exemption Certificate **(page 1)**
9. BOC Agenda Posting Update / Patti Dib, Chief of Staff
10. New Business
11. Public Participation  
(Five minutes maximum per speaker, or longer at the discretion of the Chairperson, related only to issues on the agenda)
12. Roll Call
13. Adjournment



# Armada Township

23121 E. Main Street, P.O. Box 578

Armada, Michigan 48005

Telephone: (586) 784-5200 Facsimile: (586)784-5211

RETURN RECEIPT REQUESTED

August 17, 2016

Macomb County Treasurer  
One S. Main, 2<sup>nd</sup> Floor  
Mt. Clemens, MI 48043

To whom it may concern:

RE: Tax Abatement

Armada Rubber Manufacturing, 24586 Armada Ridge, Armada, MI 48005

Enclosed herewith please find an application for Industrial Facilities Exemption Certificate submitted by Armada Rubber Manufacturing Company to the Armada Township board for its consideration. The Township Board has scheduled action on the enclosed application for its regular meeting of September 14, 2016 at 7:00 p.m. in the township office.

The enclosed application and this letter shall serve as notice to you of the within application and the date when the township board shall act thereon. You are hereby notified that you may appear on the aforesaid date and be heard as to the within application or you may communicate in writing your position thereon to the township board at or before said meeting. If you have any questions concerning the within application, do not hesitate to contact the undersigned.

Sincerely,

Mary K. Swacki, CMMC  
Armada Township Clerk

Enclosure

## ARMADA TOWNSHIP

## Building Permit No: PB160009

Building Department

23121 Main St., P.O. Box 578

Armada, MI 48005

Phone: (586) 784 5200

Fax: (586) 784 5211

Hours: M-TH 9 a.m.-4 p.m.

24586 ARMADA RIDGE RD

Location

13-02-24-276-008

ARMADA RUBBER MFG CO

Owne

P.O. BOX 579

ARMADA

MI 48005-0579

Issued: 05/03/16

CALL (586)784-5200 DURING BUSINESS HOURS  
FOR AN INSPECTION. 24 HOURS NOTICE IS  
NEEDED.

L &amp; D Underwood Contracting, LL

Contractor

11910 Lenny

Utica

MI 48315

(586) 709 4246

## Work Description:

Permit Item	Work Type	No. of Items	Item Total
15.Commercial Admin Fee	Standard Item	1.00	\$60.00
13.Commercial Building	Standard Item	1.00	\$1,200.00
14.Commercial Plan Review	Standard Item	1.00	\$650.00
22.Commercial Inspection	Standard Item	1.00	\$75.00
22.Commercial Inspection	Standard Item	1.00	\$75.00
22.Commercial Inspection	Standard Item	1.00	\$75.00
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22.Commercial Inspection	Standard Item	1.00	\$75.00
22.Commercial Inspection	Standard Item	1.00	\$75.00
22.Commercial Inspection	Standard Item	1.00	\$75.00
22.Commercial Inspection	Standard Item	1.00	\$75.00



Issuing Official

3,035.00

Total \$3,035.00

Amount Paid \$3,035.00

Amount Due \$0.00


This permit is only for the work described, and does not grant permission for additional or related work which requires separate permits. This permit will expire and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days after work has commenced; and that the permit holder is responsible for assuring all required inspections are requested in conformance with the applicable code. It is assumed that the proposed work is authorized by the owner, and that the permit holder is authorized by the owner to secure this permit. The permit holder agrees to conform to all applicable laws of the State of Michigan and the local jurisdiction. Permits are good for one year from the issuance date.

**Payment of permit fee constitutes acceptance of the above terms.**

**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>ROBERT BOVA</b>	13b. Telephone Number <b>586-784-9135</b>	13c. Fax Number <b>586-784-5023</b>	13d. E-mail Address <b>rbova@armadarubber.co</b>
14a. Name of Contact Person <b>ROBERT BOVA</b>	14b. Telephone Number <b>586-784-9135</b>	14c. Fax Number <b>586-784-5023</b>	14d. E-mail Address <b>rbova@armadarubber.co</b>
▶ 15a. Name of Company Officer (No Authorized Agents) <b>LAWRENCE B. WEYMOUTH JR</b>			
15b. Signature of Company Officer (No Authorized Agents) 		15c. Fax Number <b>586-784-5023</b>	15d. Date <b>7-28-16</b>
▶ 15e. Mailing Address (Street, City, State, ZIP Code) <b>P.O. BOX 579 ARMADA, MI 48005</b>		15f. Telephone Number <b>586-784-9135</b>	15g. E-mail Address <b>armadarubber@comcast.n</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 _____ 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 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, and that any leases show sufficient tax liability.

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:

**Michigan Department of Treasury  
State Tax Commission  
PO Box 30471  
Lansing, MI 48909**

(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