

Application for Industrial Facilities Tax Exemption Certificate

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

INSTRUCTIONS: File the completed application and the required attachments with the clerk of the local government unit. If you have any questions regarding the completion of this form, call 517-335-7491.

To be completed by Clerk of Local Government Unit	
Signature of Clerk <i>Susan G. Dulman, Deputy Clerk</i>	Date Received by Local Unit <i>03/20/25</i>
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) M.W. Watermark, LLC		1b. Standard Industrial Classification (SIC) Code - Sec. 2(10) (4 or 6 Digit Code) 358903	
1c. Facility Address (City, State, ZIP Code) (real and/or personal property location) 4660 136th Avenue, Holland, MI 49424		1d. City/Township/Village (indicate which) Holland Charter Township	1e. County Ottawa
2. Type of Approval Requested <input checked="" type="checkbox"/> New (Sec. 2(5)) <input type="checkbox"/> Speculative Building (Sec. 3(8)) <input type="checkbox"/> Research and Development (Sec. 2(10))		3a. School District where facility is located West Ottawa Schools	3b. School Code 70070
<input type="checkbox"/> Transfer <input type="checkbox"/> Rehabilitation (Sec. 3(6)) <input type="checkbox"/> Increase/Amendment		4. Amount of years requested for exemption (1-12 Years) 12 years after completion	
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. M.W. Watermark is a family-owned business and a trusted manufacturer of water and process filtration equipment. Proposed is the construction of an approximate 49,800 square foot expansion of the existing facility to enhance the company's manufacturing and operational capacities.			
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.		6b. Cost of machinery, equipment, furniture and fixtures * Attach itemized listing with month, day and year of beginning of installation, plus total	
6c. Total Project Costs * Round Costs to Nearest Dollar		6d. Total of Real & Personal Costs	
6a. Cost of land and building improvements (excluding cost of land) \$6,186,319.00		6b. Cost of machinery, equipment, furniture and fixtures \$6,186,319.00	
6c. Total Project Costs		6d. 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) 12/16/2024		End Date (M/D/Y) 12/15/2025	
Real Property Improvements <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased		Personal Property Improvements <input 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. No. of existing jobs at this facility that will be retained as a result of this project. 72		10. No. of new jobs at this facility expected to create within 2 years of completion. 10	
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		NA	
12a. Check the type of District the facility is located in: <input checked="" type="checkbox"/> Industrial Development District <input type="checkbox"/> Plant Rehabilitation District			
12b. Date district was established by local government unit (contact local unit) 10/03/1996		12c. Is this application for a speculative building (Sec. 3(8))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Ryan Ferrier	13b. Telephone Number (616) 772-5226	13c. Fax Number	13d. E-mail Address ryan.ferrier@lakeshoreadv
14a. Name of Contact Person Christine Gethin	14b. Telephone Number (616) 399-8850	14c. Fax Number	14d. E-mail Address christine@mwwatermark.c
▶ 15a. Name of Company Officer (No Authorized Agents) Christine Gethin			
15b. Signature of Company Officer (No Authorized Agents) <i>Christine Gethin</i>	15c. Fax Number	15d. Date 3/10/2025	
▶ 15e. Mailing Address (Street, City, State, ZIP Code) 4660 136th Avenue, Holland, MI 49424	15f. Telephone Number (616) 399-8850	15g. E-mail Address christine@mwwatermark.c	

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.

<p>▶ 16. Action taken by local government unit</p> <p><input type="checkbox"/> Abatement Approved for _____ Yrs Real (1-12), _____ Yrs Pers (1-12) After Completion <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Denied (Include Resolution Denying)</p>	<p>16b. The State Tax Commission Requires the following documents be filed for an administratively complete application:</p> <p>Check or Indicate N/A if Not Applicable</p> <p><input checked="" type="checkbox"/> 1. Original Application plus attachments, and one complete copy</p> <p><input checked="" type="checkbox"/> 2. Resolution establishing district</p> <p><input checked="" type="checkbox"/> 3. Resolution approving/denying application.</p> <p><input checked="" type="checkbox"/> 4. Letter of Agreement (Signed by local unit and applicant)</p> <p><input checked="" type="checkbox"/> 5. Affidavit of Fees (Signed by local unit and applicant)</p> <p><input checked="" type="checkbox"/> 6. Building Permit for real improvements if project has already begun</p> <p><input checked="" type="checkbox"/> 7. Equipment List with dates of beginning of installation</p> <p><input checked="" type="checkbox"/> 8. Form 3222 (if applicable)</p> <p><input checked="" type="checkbox"/> 9. Speculative building resolution and affidavits (if applicable)</p>
<p>16a. Documents Required to be on file with the Local Unit</p> <p>Check or Indicate N/A if Not Applicable</p> <p><input checked="" type="checkbox"/> 1. Notice to the public prior to hearing establishing a district.</p> <p><input checked="" type="checkbox"/> 2. Notice to taxing authorities of opportunity for a hearing.</p> <p><input checked="" type="checkbox"/> 3. List of taxing authorities notified for district and application action.</p> <p><input checked="" type="checkbox"/> 4. Lease Agreement showing applicants tax liability.</p>	
<p>16c. School Code</p> <p>70070</p>	
<p>17. Name of Local Government Body</p> <p>Holland Charter Township</p>	<p>▶ 18. Date of Resolution Approving/Denying this Application</p> <p>June 5, 2025</p>

19a. Signature of Clerk	19b. Name of Clerk Michael Dalman	19c. E-mail Address miked@hct.holland.mi.us
19d. Clerk's Mailing Address (Street, City, State, ZIP Code) 353 N. 120th Avenue, Holland, MI 49424		
19e. Telephone Number (616) 396-2345	19f. Fax Number (616) 396-2537	

An additional submission option is to mail the completed application and required documents to:

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

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