

The Planning Act – Section 28

File No.: _____
(Office Use Only)

**APPLICATION FOR CITY OF PORT COLBORNE
DOWNTOWN CENTRAL BUSINESS DISTRICT COMMUNITY
IMPROVEMENT REVITALIZATION (TAX INCREMENT) GRANT**

This application form may be used by persons wishing to apply for Community Improvement Plan funding for the incentive programs offered under the Downtown Central Business District Community Improvement Plan by the City of Port Colborne.

The Applicant is required to provide appropriate answers to all questions on the application form. If not all prescribed information is provided, the application will not be accepted.

SUBMISSION OF APPLICATION:

Please submit the completed application form and other information as set out herein to:

Heather Mahon, Planning Department
City of Port Colborne
Planning and Development Department
Planning Division
66 Charlotte Street
Port Colborne ON, L3K 3C8

Part A: General Information and Instructions

Before filling out this application, please read the attached Program Guide and arrange for a pre-application meeting with Staff. The Program Guide describes the purpose, basic terms and conditions of the Revitalization (Tax Increment) Grant Program.

1. If an agent is acting for a property owner, please ensure that Form 1 (attached) is completed and signed by the owner.
2. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to the application form.
3. Please attach to the application the required supporting documents as requested by City Staff.

An application will not be considered complete until all required documents have been submitted.

4. Please ensure that the application form is complete and that all required signatures have been supplied.
5. Please print (blue or black ink) or type the information requested on the application form.
6. You may deliver your application in person, or send it by mail to:

City of Port Colborne
Planning and Development Department
66 Charlotte Street
Port Colborne ON, L3K 3C8
Attention: Heather Mahon, Planning Department

7. For more information, please contact Heather Mahon at 905-835-2901 x 205, or via email at heathermahon@portcolborne.ca.

Details are also available on our website at http://www.portcolborne.ca/page/Downtown_CBD_CIP



Part B: Application

PLEASE PRINT NEATLY

1.0 APPLICANT INFORMATION

1.1 Registered Owner(s): _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Fax: _____ Email: _____

1.2 If the property owner/application is authorizing an agent to act on his or her behalf in making this application, please complete Form 1, which attached to this application and provide the information requested below. If an agent is authorized, all correspondence will be sent to the authorized agent unless otherwise specified. If no agent is authorized, all correspondence will be sent to the property owner/applicant.

Owner's Authorized AGENT (if any): _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Fax: _____ Email: _____



2.0 SOLICITOR'S INFORMATION

2.1 Name of Solicitor: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Fax: _____ Email: _____



3.0 PROPERTY INFORMATION:

3.1 Address of Subject Property: _____

Legal Description (Lot and Plan No.): _____

Assessment Roll No.: _____

Current Uses: _____

Size of Property: _____

Is the property designated under Part IV of the Ontario Heritage Act? Yes _____ No _____

Are there any outstanding work orders on this property? Yes _____ No _____

Are there existing building(s) on the property? Yes _____ No _____

If yes, please specify size(s) below:

Building 1 _____ sq ft Building 2 _____ sq ft

Building 3 _____ sq ft Building 4 _____ sq ft

Is this property in tax arrears? Yes _____ No _____

If yes, please specify the value of tax arrears: \$ _____

Please note: Should this application involve more than one (1) parcel of land, the Owner shall provide the Legal Description and Assessment Roll No. for each parcel.



5.0 CONSTRUCTION COST BREAKDOWN

Please attach two detailed cost estimates from bona fide license contractors for work to be performed.

a) Total Construction Cost (lowest estimate) \$ _____

b) Other sources of government funding? \$ _____
(Includes Federal, Provincial, Municipal
Municipal Heritage Committee, CMHC etc.)

c) Please provide details of preliminary construction lending (if any):



6.0 CONSTRUCTION SCHEDULE

Approximate Start Date of Demolition of Existing Buildings (Month/Year) _____

Approximate End Date of Demolition of Existing Buildings (Month/Year) _____

Approximate Start Date of Construction (Month/Year) _____

Approximate End Date of Construction (Month/Year) _____

7.0 Sworn Declaration

I/WE HEREBY APPLY for a grant under this program.

I/WE HEREBY AGREE to abide by the terms and conditions of the grant program.

I/WE HEREBY AGREE to enter into a grant agreement with the City that specifies the terms and conditions of the grant and abide by the terms and conditions of the grant agreement.

I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the City by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY GRANT permission to the City, or its agents, to inspect my/our property that is subject of this application.

I/WE HEREBY AGREE that if any statements or information in this application or submitted in support of this application are untrue, misleading or there is a material omission, the application may be rejected or not approved, or the grant may be delayed, reduced, cancelled or repayment may be required.

I/WE HEREBY AGREE that the grant may be delayed, reduced or cancelled if the work is not completed, not completed as approved, or if the contractors are not paid in full.

I/WE HEREBY AGREE that the program(s) for which application has been made herein is/are subject to cancellation and/or change at any time by the City in its sole discretion, subject to the terms and conditions specified in the program. Participants in the program whose application has been approved and who have entered into a grant agreement with the City will continue to receive their grant, subject to the grant agreement.

I/WE HEREBY AGREE all grants will be calculated and awarded at the sole discretion of the City. Notwithstanding any representation by or on behalf of the City, or any statement contained in the program, no right to any grant arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the program and the grant agreement. The City is not responsible for any costs incurred by the Owner/Applicant in any way relating to the program, including without limitation, costs incurred in anticipation of a grant.

Dated at the _____, this _____ of _____, _____
(City/Town of...) Day Month Year

Name of Owner/Applicant or Authorized Agent
Agent

Signature of Owner/Applicant or Authorized Agent

**CONSENT OF THE OWNER TO THE USE AND
 DISCLOSURE OF PERSONAL INFORMATION**

Complete the consent of the owner concerning personal information set out below.

I/we, _____ am/are the owner(s) of the land that is subject of this application for the purposes of the Freedom of Information and Protection of Privacy Act, I/we authorize and consent to the use by or disclosure to any person or public body any personal information that is collected under the authority of the Planning Act for the purposes of processing this application.

I/we, _____ as the owner(s) of the land that is subject of this application, further acknowledge that I/WE DO NOT have pecuniary interest whatsoever in the "Cost Estimates" as required and provided with this application.

Signature of Owner(s) _____ Date: _____
 _____ Date: _____

AFFIDAVIT

I/We _____

of the City/Town/Township of _____

in the County/District/Regional Municipality of _____

solemnly declare that all the statements contained in this application are true, and I/we make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at the _____) TO BE SIGNED IN THE PRESENCE OF A
 _____ of _____) COMMISSIONER FOR TAKING AFFIDAVITS
 _____)
 in the _____ of _____)
 _____)
 This _____ day of _____)
 _____)
 A.D. 20 ____ .) _____
 (Signature of Owner or Authorized Agent)

A Commissioner, etc.

AUTHORIZATION

LOCATION OF SUBJECT LANDS:

I/We, the undersigned, being the registered owner(s) of the above lands hereby authorize

of _____ the _____ of _____

to make an application on my/our behalf to the Council or the Grant Review Committee for the City of Port Colborne for transaction concerning an application for a Revitalization (Tax Increment) Grant in accordance with the *Planning Act*.

Dated at the _____ of _____

in the _____ of _____

this _____ day of _____ 20__

 Signature of Witness

 Signature of Owner

 Signature of Witness

 Signature of Owner

 Signature of Witness

 Signature of Owner

This form is only to be used for applications which are to be signed by someone other than the owner or where more than one owner giving authorization to another owner.

If the registered owner is a corporation, in addition to the signatures of the authorized signing officers, the corporate seal must be affixed.

Where the Owner is without a spouse, common-law or legally married, the Owner is required to sign only once. Where the spouse of the Owner is not an owner, the spouse is required to sign. Spouse shall include a common-law spouse as defined within the *Family Law Reform Act*.