

**The Planning Act – Section 28**

**File No.:** \_\_\_\_\_  
**(Office Use Only)**

**APPLICATION FOR CITY OF PORT COLBORNE  
DOWNTOWN CENTRAL BUSINESS DISTRICT COMMUNITY  
IMPROVEMENT URBAN DESIGN STUDYGRANT**

This application form is to 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 all prescribed information is not provided, the application will not be accepted.

**SUBMISSION OF APPLICATION:**

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

Amy Dayboll, 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 Urban Design Study Grant Program.

1. If the applicant is not the property owner, please ensure that written authorization is obtained by the applicant from the property owner to make this application and attached to the application form.
2. If an agent is acting for a property owner, please ensure that Form 1 (attached) is completed and signed by the owner.
3. 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.
4. 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.**

5. Please ensure that the application form is complete and that all required signatures have been supplied.
6. Please print (blue or black ink) or type the information requested on the application form.
7. 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: Amy Dayboll, Planning Department
8. For more information, please contact Amy Dayboll at 905-835-2901 x 204, or via email at [planningassistant@portcolborne.ca](mailto:planningassistant@portcolborne.ca).

Details are also available on our website at [http://www.portcolborne.ca/page/Downtown\\_CBD\\_CIP](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 person/corporation applying for this grant is not the legally registered owner of the property for which the application is being made, please fill in the section below and attach written consent from the property owner to make this application, conduct the study and receive the grant.

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_



- 1.3 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 PROPERTY INFORMATION:**

2.1 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

Current property taxes paid annually: \$ \_\_\_\_\_

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.



**3.0 Urban Design Study Information (this section is to be completed by an Architect or other Qualified Professional as determined by the City).**

3.1 Name of Qualified Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3.2 Please describe the urban design study and/or architectural/design drawings to be prepared and provide a cost estimate for the study/drawings (excluding H.S.T.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.3 Please describe the facade improvement/restoration and/or the planned redevelopment/rehabilitation of the property being contemplated at this time and any planning applications that have been submitted/approved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4.0 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 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 qualified professional conducting the study is not paid.

I/WE HEREBY AGREE to provide the City with one (1) electronic copy and one (1) hard copy of the study/drawings.

I/WE HEREBY AGREE that should I/WE chose not to proceed with the works shown in the study/drawings; the City may provide the study/drawings to a subsequent owner(s) of the property.

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.

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 \_\_\_\_\_ )  
 \_\_\_\_\_ of \_\_\_\_\_ ) TO BE SIGNED IN THE PRESENCE OF A  
 ) 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 an Urban Design Study 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*.