



COUNTY OF BRANT OFFICE USE ONLY

Application Number: _____

Date Received: _____

Recommendation: _____

Decision: _____



Downtown Paris Community Improvement Plan

APPLICATION FOR FINANCIAL INCENTIVES

SECTION A: APPLICANT'S INFORMATION

(1) Applicant's Information

Applicant's Name(s): _____

Address: _____

Phone Number (Home): _____

Phone Number (Work): _____

Email Address: _____

The Applicant is (check one): the registered owner
 a tenant
 an agent authorized by the owner or tenant

(2) If the Applicant is not the owner, please complete the following:

Name(s) of Owner(s): _____

Address of Owner: _____

Phone Number of Owner: _____

Fax Number of Owner: _____

SECTION B: DESCRIPTION OF THE SUBJECT PROPERTY OR UNIT

(1) Please indicate the location of the property or unit subject to this application.

Street Address:

Municipality:

Legal Description:

Roll Number:

(2) Describe the current (existing) use(s) of the subject property, and list the buildings and structures located on your property. Please describe the condition of buildings, structures on the subject property.

(3) Please indicate if there is any known municipal heritage designation that is applicable to your property (i.e., designation under the *Ontario Heritage Act*).

(4) Is your property a corner lot (i.e., located at an intersection of two roads)?

Yes

No

If **Yes**, please indicate the names of the two streets that the subject property fronts onto:

(5) Does the property or building have frontage on the Grand River?

Yes

No

SECTION C: DESCRIPTION OF YOUR PROJECT

(1) Please describe your proposed improvement project.

(2) Please indicate your estimated timelines for completing the above-noted improvements. Please indicate the estimated start date and completion date.

(3) Have you recently completed or started any improvement works to your property? Please describe any recent work that was completed or is underway.

SECTION D: ELIGIBILITY

(1) Have you discussed your application with the County (i.e., have you arranged for a pre-application consultation meeting?) *Note: A meeting with the County may be required for your application to be accepted.*

Yes No

If **Yes**, please indicate the date and the name of the person(s) you met with:

(2) Is your property or unit located within the designated currently designated Community Improvement Project Area? *Note: Your property must be within the current Community Improvement Project Area in order to be eligible for financial incentives.*

Yes No

(3) Does your property have any outstanding tax arrears? *Note: The subject property must not have any outstanding tax arrears in order to be eligible (even if you are a tenant).*

Yes No

(5) Have you previously applied for a financial incentive through the Downtown Paris Community Improvement Plan?

Yes No

(6) If you answered yes to (5) above, please explain your previous financial incentive application and how it relates to this financial incentive application.

(7) Are any other approvals required in relation to your project? For example, is a building permit, minor variance/rezoning, Official Plan Amendment, Site Plan, or permit from the Grand River Conservation Authority required?

Yes No

(8) If you answered yes to (7), please list the required approvals for your project using the space below. Please indicate the status of the approvals (for example, “application submitted”, “not submitted”, or “approval received”).

<u>Required Application/Permit/Approval</u>	<u>Status of Application</u>
<i>Example: Site Plan Approval required</i>	<i>Example: Site Plan application submitted to County on January 5, 2016.</i>

SECTION E: INCENTIVE PROGRAMS

(1) Please check which programs you are applying for. Each program is associated with specific eligibility criteria. Applicants are encouraged to apply for more than one program if they are eligible to do so. The tax increment equivalent grant program cannot be combined with any other grant.

Façade Improvement Grant	<input type="checkbox"/> I want to apply for a grant up to \$7,500, or up to 50% of the eligible costs of my façade/building improvement project (note that a grant up to \$12,500 or 50% of eligible costs is available for properties that back onto the Grand River; a grant of up to \$10,000 or 50% of eligible costs is available for corner lots).
Signage Improvement Grant	<input type="checkbox"/> I want to apply for a grant up to \$3,000 or 50% of the eligible costs of my signage improvement project.
Upper Storey Apartment Improvement Grant	<input type="checkbox"/> I want to apply for a grant up to \$15,000 or 50% of the eligible costs of my upper storey apartment improvement project (up to \$5,000 or 50% of costs per unit).
Property and private parking area improvement grant	<input type="checkbox"/> I want to apply for a grant up to \$5,000 or 50% of the eligible costs of my property or parking area improvement project.
Planning and building application fee grant	<input type="checkbox"/> My project requires a building permit and/or planning approval(s) and I want to apply for a rebate on the fees that I will pay (maximum of \$5,000).
Tax Increment Equivalent Grant Program	<input type="checkbox"/> My municipal taxes are anticipated to increase as a result of my project, and I want to apply to be considered for a rebate that is equal to all or a portion of the increase in my taxes.

SECTION F: PROJECT COSTS

Please detail all project costs using the following table. The estimated costs should be based on quotes from contractors and vendors. Applicants are generally required to obtain at least two quotes. If you are applying for an interest rebate, please include the cost of borrowing in this table (two quotes are also preferred).

Community Improvement Task/Item	Cost – Low Quote (include all taxes)	Cost – High Quote (include all taxes)
Example: Replacement of storefront sign	\$1,800 from Signs Inc.	\$2,200 from Jim’s Custom Signs
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
TOTAL (including all taxes):		

If more space is required, please attach an additional sheet.

SECTION G: SUPPORTING MATERIALS

(1) Please complete the following table in consultation with the County.

Required Supporting Materials	Required to be Attached with Completed Application (To be checked by the County and instructions included, if applicable)	Completed and Attached (To be checked by Applicant. Please add any additional notes as needed.)
Two (2) cost estimates for all supplies and construction work	<input type="checkbox"/>	<input type="checkbox"/>
Proof of loan approval and payment details from a qualified financial institution <i>(applies to applications for interest rebate programs only)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs of the existing building/property	<input type="checkbox"/>	<input type="checkbox"/>
Photographs of adjacent buildings/properties or the streetscape	<input type="checkbox"/>	<input type="checkbox"/>
Historical photographs/reference materials	<input type="checkbox"/>	<input type="checkbox"/>
Professional drawings/sketches of proposed work	<input type="checkbox"/>	<input type="checkbox"/>
Information about tenants (rents, vacancies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
A professional site plan, construction drawings or other detailed drawings	<input type="checkbox"/>	<input type="checkbox"/>
Phase I or II Environmental Site Assessment	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other required materials (County to specify at pre-application consultation meeting, using the space below)</i>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H. DECLARATION OF APPLICANT

I, _____ declare that:
(print name)

- 1. The information contained in this application, attached supporting materials and documentation, is true to the best of my knowledge.
- 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date Signature of Applicant

If the applicant is not the property owner, the property owner(s) must also sign this application:

Date Signature of Property Owner

Date Signature of Property Owner

I. SUBMISSION AND CONTACT

Please contact Heather Madden, Administrative Assistant in the Economic Development & Tourism Department, County of Brant, to schedule an appointment to discuss your application. A pre-application consultation meeting is required before your application can be accepted by the County. County staff will help you complete the application and advise you of your eligibility of programs. County staff will also indicate which supporting materials are required for your application (Section G).

Your completed application, with all required supporting materials (see Section G) may be submitted in person at the County office or mailed/couriered. Since original signatures are required, faxed or emailed submissions will not be accepted.

Please contact us with questions or to arrange a meeting to discuss your application, or to submit your application:

Heather Madden
Economic Development & Tourism Coordinator
Strategic Initiatives
31 Mechanic Street
Paris, ON N3L 1K1
Phone: 519.442.6324 x 3039
Email: Heather.Madden@brant.ca

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1. APPLICATION COMPLETENESS

- The application is complete, including all required supporting documentation.**
- The application is not complete.**

If determined to be not complete, specify reasons:

2. APPLICATION EVALUATION

- The application meets all General Eligibility Criteria (Section 8.6 of the Community Improvement Plan)**
- The application does not meet all General Eligibility Criteria.**

If not, specify reasons:

- The application meets all program-specific criteria (Sections 5-6).**
- The application does not meet all program-specific criteria.**

If not, specify reasons:

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- The application is desirable for the community, is in the public interest, and represents good design according to the Community Improvement Plan and its Design Guidelines (Section 9.0).**
- The application is not desirable for the community, is not in the public interest, and/or does not represent good design according to the Community Improvement Plan and its Design Guidelines (Section 9.0).**

Specify reasons why the project is or is not desirable, is or is not in the public interest and why it does or does not represent good design:

3. APPLICATION RECOMMENDATION

- The CIP Administrator/Renaissance Committee recommends this application for approval.**
- The CIP Administrator/Renaissance Committee does not recommend this application for approval**

If not recommended for approval, specify reasons:

4. APPLICATION DECISION (COUNCIL DISPOSITION)

- The application was approved.**
- The application was not approved.**

If not approved, specify the reasons as determined by the approval authority:

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