



Municipality of South Huron Community Improvement Plan Incentive Program Application

This is an application for: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Facade Improvement | <input type="checkbox"/> Brownfields Financial Tax Incentive |
| <input type="checkbox"/> Rear Parking Lot Improvement Grant | <input type="checkbox"/> Planning Fee & Development Charge Grant |
| <input type="checkbox"/> Tax Increment Equivalent Grant | |

SECTION 1: CONTACT INFORMATION

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name of Owner (if different): _____

Address: _____

Phone: _____ Fax: _____

Email: _____

SECTION 2: PROPERTY INFORMATION

Civic Address: _____

Legal Description: _____

Business Name (if applicable): _____

Approximate Year of Construction (if known): _____

Do you currently have a mortgage, lien or other encumbrance against the subject property? Yes No

Has all applicable municipal taxes been paid? Yes No
If no, please indicate the outstanding amount: _____

Other public funding sources and amounts requested for your project:

<u>Type</u>	<u>Program/Source</u>	<u>Amount</u>
Federal	_____	\$ _____
Provincial	_____	\$ _____
Municipal	_____	\$ _____

SECTION 3: PROJECT DESCRIPTION

Approximate Total Cost of the Project: \$ _____

Estimated completion date of project: _____

Please itemize your proposed project, including engineering, architectural or consulting fees.

Supporting materials such as drawings and construction quotes should be attached to this application. Applicants must submit a minimum of two cost estimates (quotes) to undertake the work. Applicants are not bound to accept the lowest quote; however, the contribution from the program will be based on the lowest relevant quote.

Item	Reason/Need	Estimate Cost
<i>Example: Replace second storey windows</i>	<i>Window sills are rotted and leaking.</i>	<i>\$1,000.00</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		

FOR STAFF USE ONLY:	
Amount Requested: _____	Motion #: _____
Amount Approved: _____	Date Approved: _____

SECTION 4: DECLARATIONS

I _____, of the _____
NAME CITY/MUNICIPALITY/VILLAGE
of _____ in the _____ of
NAME OF CITY/MUNICIPALITY /VILLAGE COUNTY/REGION/DISTRICT
_____, do solemnly declare that all statements
NAME OF COUNTY/REGION/DISTRICT

contained in this application are true, and I make this solemn declaration conscientiously believing it to be true and knowing that 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 _____
CITY/MUNICIPALITY/VILLAGE NAME OF CITY/MUNICIPALITY /VILLAGE
in the _____ of _____,
COUNTY/REGION/DISTRICT NAME OF COUNTY/REGION/DISTRICT
this _____ day of _____, 20_____.
DAY MONTH YEAR

Commissioner's Signature Applicant's Signature

To be completed if applicant is not the property owner:

I _____, being the owner of the property described in
OWNER'S NAME

Section 2 of this application, hereby acknowledges and gives consent to this application.

Dated at, _____ this _____ day of _____, 20_____.
NAME OF CITY/TOWN/VILLAGE DAY MONTH YEAR

Owner's Signature

NOTE: Please read and understand the **Incentive Program Information Package**. Should you have any questions, or require a copy of the Information Package please contact the Municipal Office prior to completing the application.