

General Information and Instructions

1. Before filling out this application form, please read the attached Program Guide and arrange for a pre-application meeting with Municipal Staff. The Program Guide describes the purpose and basic terms and conditions of the Commercial Building Façade Improvement Grant Program.
2. If an agent is acting on behalf of the property owner when submitting this application, please ensure that the required authorization is completed and signed by the owner as noted in Section D of the application form.
3. If the applicant is not the property owner, please ensure that written authorization is obtained from the property owner prior to submitting this application and that, said written authorization is attached to the application form.
4. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form.
5. Please attach to this application the required supporting documents as requested by Municipal Staff. Applications will not be considered complete until all required documents have been submitted.
6. Please ensure that the application form is complete and all required signatures have been supplied.
7. Please print (black or blue ink) or type the information requested on the application form.
8. You may deliver your application in person or send it by mail to:

Attention: Shannon Larocque, Senior Planner

Town of Pelham
20 Pelham Town Square
Fonthill, ON
L0S 1E0

9. For further information on this program, please contact:

Shannon Larocque, Senior Planner
p: 905-892-2607 ext. 319
e: slarocque@pelham.ca

Commercial Building Façade Improvement Grant: Application Form

Application No. _____
(Office Use Only)

-Please Print-

Date: _____

A. Applicant Information

Name of Registered Property Owner

Name: _____
Mailing Address: _____
Telephone Number: _____
Fax No.: _____
E-mail: _____

Name of Applicant (If different from the Registered Property Owner)

Name: _____
Mailing Address: _____
Telephone Number: _____
Fax No.: _____
E-mail: _____

Agent Information (if any)

Name: _____
Mailing Address: _____
Telephone Number: _____
Fax No.: _____
E-mail: _____

**Commercial Building Façade Improvement Grant:
Application Form**

Solicitor's Information

Name: _____
 Mailing Address: _____
 Telephone Number: _____
 Fax No.: _____
 E-mail: _____

B. Property Information

Municipal Address of Property: _____
 Assessment Roll Number: _____
 Legal Description of Property (Lot and Plan Numbers): _____
 Existing Property Use: _____

Is property designated under Part IV of the Ontario Heritage Act? Yes___ No___

Are property taxes paid in full on this property? Yes___ No___

Are there any outstanding work orders on this property? Yes___ No___

Size of Property _____ acres _____ hectares

Existing Buildings on Property? Yes___(if yes, specify building size below) No___

Building 1 _____ sq.ft.

Building 2 _____ sq.ft.

Building 3 _____ sq.ft.

C. Project Description

(i) Please describe the facade improvement/restoration works that are eligible for the matching grant (see the attached Program Guide for the definition of "eligible works").

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- (ii) Cost Summary: Eligible **Front Façade** Improvement/Restoration Works (please attach **two** detailed costs estimates from bona fide contractors for work to be performed).

Type of Improvement/Construction	Cost Estimate (\$)
a. Eligible Front Façade Improvement/Restoration Works <small>(Insert lowest cost estimate)</small>	_____
b. Other sources of government funding? <small>(Includes: Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC.)</small>	_____
c. Total Eligible Costs (a and b)	_____
d. Amount of Grant Applied For: <small>(0.5 multiplied by cost item c above) to the permitted maximum identified in the Program Guide</small>	_____

- (iii) Cost Summary: Eligible **Side and/or Rear Façade** Improvement/Restoration Works (please attach **two** detailed costs estimates from bona fide contractors for work to be performed).

Type of Improvement/Construction	Cost Estimate (\$)
a. Eligible Side and/or Rear Façade Improvement/Restoration Works <small>(Insert lowest cost estimate)</small>	_____
b. Other sources of government funding? <small>(Includes: Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC.)</small>	_____
c. Total Eligible Costs (a and b)	_____
d. Amount of Grant Applied For: <small>(0.5 multiplied by cost item c above) to the permitted maximum identified in the Program Guide</small>	_____

- (iv) Construction Schedule

Construction of all works must be completed within one (1) year of grant advancement.

Approximate Start Date of Construction _____

Approximate End Date of Construction _____



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D. Authorization

I/We, _____ are the owner(s) of the land that is subject of this application, and I hereby authorize my agent/solicitor _____ to make this application and to act on my behalf in regard to this application.

Dated at the _____, this _____ of _____, _____
(Town of Pelham) Day Month Year

Name of Owner (s)

Signature of Owner(s)

Name of Owner (s)

Signature of Owner(s)

If an agent is authorized in Section D above, all correspondence will be sent to the authorized agent. If no agent is authorized in Section D above, all correspondence will be sent to the Applicant.

E. 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 Town that specifies the terms and conditions of the grant.

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 Town 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 Town, 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.

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

I/WE HEREBY AGREE all grants will be calculated and awarded in the sole discretion of the Town. Notwithstanding any representation by or on behalf of the Town, 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 Town 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 _____, _____
(Town of Pelham) Day Month Year

 Name of Owner or Authorized Agent

 Signature of Owner or Authorized Agent