
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 Residential Intensification 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

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: _____

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 residential rehabilitation or construction works that are eligible for the grant. Include the number and size of existing units to be rehabilitated and/or the number and size of units to be constructed. Please attach site plan/survey and architectural/design drawings.

- (ii) Construction Cost Breakdown (please attach **two** detailed costs estimates from bona fide licensed contractors for work to be performed).

Cost Estimate (\$)

- a. Total Construction Cost
(Insert lowest cost estimate.)

- b. Other sources of government funding?
(Includes: Federal, Provincial, Municipal,
Municipal Heritage Committee, CMHC.)

- c. Please provide details of primary construction lending (if any).

- (iii) Construction Schedule

Building permits must be obtained within six (6) months of grant approval date.

Approximate Start Date of Construction _____

Approximate End Date of Construction _____

- iv) Projected Rental Rates and Sale Prices per unit or per square foot

Rental Rate \$_____ per unit/ \$_____ per square foot

Sale Price \$_____ per unit/ \$_____ per square foot

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 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 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 or cancelled.

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 who have entered into a grant agreement with the Town will receive their grant, subject to meeting the conditions in 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