



**Town
of
Prescott**

**CIP
GRANT PROGRAM**

APPLICATION

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|-------------------------|---------------------------|------------------------|--|------------------|
| <i>OFFICE USE ONLY:</i> | | | | |
| <i>Application NO.:</i> | <i>Property Roll No.:</i> | <i>Property Class:</i> | <i>Approval:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>File No.:</i> |

Registered Business Name:

| | | |
|---------------------------------------|-----------------|---------------|
| <i>Name of Property Owner:</i> | | |
| <i>Address (include postal code):</i> | | |
| <i>Telephone No.:</i> | <i>Fax No.:</i> | <i>Email:</i> |

Name of Business Owner:

| | | |
|---------------------------------------|-----------------|---------------|
| <i>Name of Property Owner:</i> | | |
| <i>Address (include postal code):</i> | | |
| <i>Telephone No.:</i> | <i>Fax No.:</i> | <i>Email:</i> |

Applicant Name: (if different from owner)

| | | |
|---------------------------------------|-----------------|---------------|
| <i>Name of Property Owner:</i> | | |
| <i>Address (include postal code):</i> | | |
| <i>Telephone No.:</i> | <i>Fax No.:</i> | <i>Email:</i> |

BUSINESS DETAILS

Is the subject property designated under the Ontario Heritage Act? Yes No

Are there any outstanding Work Orders on the subject property? Yes No

Fire Prevention Yes No

Property Standards Yes No

Building Code Yes No

By-Law Enforcement Yes No

Are the taxes associated with the subject property up to date and in good standing? Yes No

Please attach a copy of your most recent tax receipt.

Incentives

Please indicate the grant program(s) you are applying for:

- Tax Increment Equivalent Improvement Construction
 Architectural Design Heritage Sign

Improvements

**Please provide a description of proposed improvements:
(include reference to any demolition, if needed)**

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Include detailed drawings or renderings drawn to scale, illustrating the nature, extent, location and appearance of the work to be undertaken. Such renderings will show, where applicable:

- Building materials to be used
- Interior and/or exterior colour (for walls, brick, stone, etc)
- Signage detailing
- Exterior and or interior lighting
- Architectural detailing
- Door and window style and detailing, awnings

Cost Estimate

| | |
|--|----|
| <i>Estimated cost of project:</i> | \$ |
| <i>Anticipated date of commencement of construction</i> | |
| <i>Anticipated date of completion of construction and/or occupancy date:</i> | |

Owners Permission

If the applicant is not the owner of the building, the owners permission for all proposed work must be submitted with this application.

Permits

Work to be completed through this application cannot be started until written approval for the requested funding assistance is received from the Town of Prescott. All required permits must be obtained prior to the initiation of the proposed works.

Confidentiality and Consent

All information included in this application will be kept strictly confidential under the Municipal Freedom of Information Act.

The applicant consents to the use of his or her name and their business name and address in connection with any program funding announcements.

This application is being made in accordance with the Town of Prescott Community Improvement Plan. The undersigned hereby applies for the Community Improvement Incentive Programs in accordance with the application herewith submitted and acknowledges that the proposed work must comply with the provisions of the Building Code Act and the Ontario Building Code and any other statutes or regulations of the Province of Ontario, and all by-laws of The Town of Prescott.

The undersigned also acknowledges that it is understood that work carried out prior to the approval of this application will not be eligible for funding.

I certify the truth of all statements or representations herein.

Signature of Owner or Authorized Applicant
(Applicant must have owners authorization)

Date

Owner's Authorization (to be completed if an applicant is used to represent the owner):

I, _____ being the registered owner of the subject property hereby authorize _____ to prepare and submit this application for the Community Improvement Grant Program.

Signature of Owner

Date

For Office Use Only

Date Received _____

Information Complete? Yes No

Information Verified? Yes No

Grant Approved? Yes No

Date Approved _____

Grant Rejected Yes No

Date Rejected Yes No

Complies with: Zoning By-law? Yes No

Downtown Design and Urban Design Guidelines, 2005? Yes No