

Community Improvement Plan

Grant Program Application



1. Applicant Information

Name: _____ Relationship to property: _____

Address: _____

Email: _____ Phone: _____

2. Owner Information (if different from applicant)

Name: _____

Address: _____

Email: _____ Phone: _____

3. Primary Contact

Please pick one as the primary contact for this application:

Applicant Owner

4. Subject Property Information

Address: _____

Assessment Roll Number: 4259-

5. Application Type

Please identify what program grant(s) are being applied for in this application:

- Façade & Structural Improvement Accessibility Improvement
- Start-up Space Leasehold Improvement
- Landscaping & Property Improvement
- Vacant Building Conversion/Expansion

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6. Description of Project Work (please use other pages if needed)

7. Disclosure

I am the owner of this property and I confirm, to the best of my knowledge, and agree that:

- The property taxes for the subject property are up to date.
- I have read the program guidelines and my project meets the minimum requirements for program eligibility.
- I authorize City Staff to enter upon the subject property and take photos of the project area for the sole purpose of this application.
- I may be required to enter into an agreement with the City, which may be registered on title of the subject property, to obtain grant payment.
- I have no objection to this application being considered by City Council's staff delegate for approval, if applicable.
- I understand that I must not start any project work until I have received written notification from the City about the decision regarding my application and any applicable agreement.

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8. Authorization

I am the owner(s) of the lands subject to this application. I have given consent to the above-mentioned applicant (if any) to complete this application process on my behalf and/or as an authorized tenant of the building.

I certify that the personal information and documents submitted, or to be submitted, in this application, are true, complete and correct, including all supplementary details about my project. I certify that all information requested in this application has been disclosed.

I understand that personal information is collected under the authority of the *Planning Act* and the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended. The information collected will be used to complete the subject Community Improvement Plan Grant Program application, and will form part of the public record. Questions about this collection should be addressed to the City Clerk.

Owner Name

Owner Signature

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Applicant Name

Applicant Signature

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9. Contact Us:

City Clerk

bbloomfield@owensound.ca

Planning & Heritage Division

planning@owensound.ca

City of Owen Sound
808 2nd Avenue East
Owen Sound, ON N4K 2H4
Telephone: 519-376-4440