Community Improvement Plan OWED

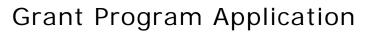




1.	I. Applicant Information			
Nam	lame: Relationship to prop	erty:		
Addr	ddress:			
Ema	mail: Phone:			
2.	2. Owner Information (if different from applicant)			
Nam	lame:			
Address:				
Ema	mail: Phone:			
3.	3. Primary Contact			
	Please pick one as the primary contact for this application:			
	☐ Applicant ☐ Owner			
4.	1. Subject Property Information			
Addr	ddress:			
Assessment Roll Number: 4259-				
5.	5. Application Type			
Plea	Please identify what program grant(s) are being applied for in the	nis application:		
□F	☐ Façade & Structural Improvement ☐ Accessibility In	mprovement		
☐ Start-up Space Leasehold Improvement				
☐ Landscaping & Property Improvement				
\square \vee	☐ Vacant Building Conversion/Expansion			

Last Updated: June 29/21

Community Improvement Plan OWEI)





6.	Description of Project Work (please use other pages if needed)
7.	Dislosure
I a	m the owner of this property and I confirm, to the best of my knowledge, and agree
	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.

Last Updated: June 29/21

Community Improvement Plan

Grant Program Application



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
Applicant Name	Applicant Signature
Applicant Name	Applicant Signature

9. Contact Us:

City Clerk

Planning & Heritage Division

bbloomfield@owensound.ca

planning@owensound.ca

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

Last Updated: June 29/21 3 of 3