



# GRANT APPLICATION FORM

FINANCIAL INCENTIVES FOR THE BELLE RIVER BUSINESS IMPROVEMENT AREA

## COMMUNITY IMPROVEMENT PLAN

### Instructions:

**Note:** All participants / applicants are required to have a pre-consultation meeting with Planning Services staff to determine program / participant eligibility. Please fill out this application with supporting documentation and submit it to the address below and a pre-consultation meeting will be arranged with you if your application is deemed complete (you will be notified in writing if the application is not complete) prior to your application being formally submitted to the Community Improvement Committee for a decision on your grant. As part of the review, staff may perform an inspection of your property / building. Any deficiencies will be required to be addressed before your application is considered further by the Community Improvement Committee. Should the application be approved, a Financial Incentive Program Agreement will be required which will outline the terms, duration, default and any other provisions of the incentive program. Costs incurred prior to written approval of the Town will be deemed ineligible and will not be reimbursed. Payment will be issued as specified in the agreement with the Municipality, following proof that the project is complete. Applicants may be contacted during the evaluation process to clarify their application or to provide further information.

Questions and original copies of completed forms can be submitted to the Town of Lakeshore Development Services office, Planning Division:

419 Notre Dame Street,  
Belle River, ON  
N0R 1A0  
Tel: (519) 728-2818

Please refer to the [Belle River Business Improvement Area Community Improvement Plan](#) for details of incentive programs and grant eligibility requirements: [www.lakeshore.ca](http://www.lakeshore.ca) (Click Business Resources, Planning, Community Improvement Plan). Applications that do not adhere to the details of the incentive programs will not be considered.

**Applicant:** *(written authorization from the building owner is required if applicant is tenant)*

Name: _____	
Business Name: _____	
Address: _____	Postal Code: _____
Home Phone #: _____	Work Phone #: _____
E-mail Address: _____	Fax #: _____

**Registered Owner:** *(if different from applicant)*

Name: _____	
Business Name: _____	
Address: _____	Postal Code: _____
Home Phone #: _____	Work Phone #: _____
E-mail Address: _____	Fax #: _____

**Property Description:** *(must be located in the Community Improvement Project Area – See map attached to this application)*

Address: _____	
Legal Description: _____	
Tax Roll Number: _____	Postal Code: _____

**Financial Incentives**

Please indicate the programs you are applying for and the grant amount requested:  
*(Refer to CIP document for permitted amounts. Unqualified or excessive requests will be returned without consideration)*

<i>Program</i>	<i>Amount Requested</i>
<input type="checkbox"/> DC Charges Grant Back	_____
<input type="checkbox"/> <b>Planning Application and Permit Fee Grant Back</b>	_____
<input type="checkbox"/> <b>Cash-in-lieu of Parkland / Parkland Dedication Exemption</b>	_____
<input type="checkbox"/> Exemption from Parking	_____
<input type="checkbox"/> Property Tax Increment Grant Are you the registered owner: Yes _____ or No _____ (You <u>must</u> be the registered owner) (Does not apply to condos) (This incentive cannot be used in conjunction with the Façade Improvement Program Grant)	_____
<input type="checkbox"/> Façade Improvement Program	_____
<input type="checkbox"/> <b>Accessibility Improvement Program</b>	_____
<input type="checkbox"/> Public Art Program (promotion of a waterfront theme is required)	_____
TOTAL:	_____

**\*Note:** Incentive Programs highlighted in “Bold” are the only grants available in Area 1 (Western Entrance) and Area 4 (Newer Commercial Core). Please see the map attached to this application for eligible areas.

**Property Details**

Are there any outstanding work orders on the subject property?

Fire Prevention	Yes ___	No ___
Property Standards	Yes ___	No ___
Building Code	Yes ___	No ___
By-Law Enforcement	Yes ___	No ___

(Include copies of existing work orders to this application)

What is the Official Plan Designation on the property? \_\_\_\_\_

What is this property currently zoned as? \_\_\_\_\_

Is this use permitted in the Town's Zoning By-law? Yes \_\_\_ No \_\_\_

Is the property located in the CIP Project Area? Yes \_\_\_ No \_\_\_

Is the current or planned use a legal use under this zone? Yes \_\_\_ No \_\_\_

Is the use considered a temporary use under the Planning Act? Yes \_\_\_ No \_\_\_

Are taxes in arrears on this property? Yes \_\_\_ No \_\_\_

Are there water arrears on this property? Yes \_\_\_ No \_\_\_

Are there mortgage arrears on this property? Yes \_\_\_ No \_\_\_

Are there utility arrears on this property? Yes \_\_\_ No \_\_\_

Are there any outstanding legal claims / liens? Yes \_\_\_ No \_\_\_

Is the property used for a single detached dwelling? Yes \_\_\_ No \_\_\_

Is the property used for residential purposes in conjunction with a business (i.e. commercial business)? Yes \_\_\_ No \_\_\_

Where is the residential use located if used in conjunction with a commercial business? \_\_\_\_\_

**Attach a copy of your most recent tax receipt**

**Attach a copy of the deed to your property**

What is the use of the building after the improvements? \_\_\_\_\_

What is the existing use? \_\_\_\_\_

What is the completion date for the improvements? \_\_\_\_\_

Number of parking spaces: provided (existing) \_\_\_\_\_ + proposed \_\_\_\_\_ = total (required) \_\_\_\_\_

Number of parking spaces required for cash-in-lieu of parking? \_\_\_\_\_

Is the property designated under the Ontario Heritage Act? \_\_\_\_\_

Is there any additional funding available that you are using for improvements? \_\_\_\_\_

**Project Description**

Please describe what the property looks like now and how the property is used today (e.g. building height, building / façade condition, what business is conducted on the property, who does the business serve, how long has the business been established etc).

**Please note that in addition to the description, Façade Improvement Grant applications must be accompanied by a photo(s) that clearly depicts the existing condition of the façade(s) that is (are) proposed to be improved.**

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Please describe when the proposed improvements are expected to start and when they proposed improvements are expected to be complete.

**Please note that incentives will only be provided to projects that have been given formal written approval by the Town of Lakeshore prior to their commencement.**

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Please describe the benefits that the proposed improvements will have on the property, the business and Community Improvement Plan’s area (e.g. improve the visual appearance of the building or streetscape, improve business image, and create new jobs or investment in the community, contribute to the community’s culture (i.e. art), improve accessibility for persons with disabilities etc).

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**Related Applications for this Property**

Have you applied for other incentive programs for this property?	Yes ___	No ___
If so, when? i.e. date _____		
Site Plan	Yes ___	No ___
Zoning By-law Amendment	Yes ___	No ___
Minor Variance	Yes ___	No ___
Consent	Yes ___	No ___
Building Permit	Yes ___	No ___
Demolition Permit	Yes ___	No ___
Sign Permit	Yes ___	No ___

Were any of the applications (i.e. planning or building permit (including a permit for a sign) applications) not successful (i.e. not approved)? If not approved, when was the application not approved and why?

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**Work Estimates and Project Financing**

Attach at least three written estimates from qualified independent contractors / suppliers for each grant program (if applicable). Please indicate your preferred estimate (the lowest estimate does not necessarily have to be selected).

Summary of estimates:

Preferred Contractor / Consultant Name: \_\_\_\_\_

Price Quoted: \_\_\_\_\_

Second Contractor / Consultant Name: \_\_\_\_\_

Price Quoted: \_\_\_\_\_

Third Contractor / Consultant Name: \_\_\_\_\_

Price Quoted: \_\_\_\_\_

**Project Timeline**

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

**Owner Permission**

If you are not the property owner, has the owner signed this form to authorize you to make this application:            Yes \_\_\_\_            No \_\_\_\_

**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 Lakeshore. All required permits must be obtained prior to initiation of the proposed works.

**Eligible Cost**

Refer to the Community Improvement Plan document for details.

**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 Lakeshore 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 Planning Act, 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 Lakeshore. 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 owner's 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 Financial Incentive Program(s).  Signature of Owner _____ Date _____
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**For Office Use Only**

Date Received \_\_\_\_\_  
Information Complete Yes \_\_\_ No \_\_\_  
Pre-consultation Complete \_\_\_\_\_  
Information Verified / Eligible Yes \_\_\_ No \_\_\_  
CIP Committee Date \_\_\_\_\_  
Grant Approved Yes \_\_\_ No \_\_\_  
Date Approved \_\_\_\_\_  
Grant Rejected Yes \_\_\_ No \_\_\_  
Date Rejected \_\_\_\_\_ Why \_\_\_\_\_

**Community Improvement Committee**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Application Requirements Checklist: Don't Forget to include the following with your application submission:**

**Applications for any of the Financial Incentive Programs must include the following:**

- A completed application(s) form;

Supporting documentation as identified in the pre-application meeting or by the Community Improvement Committee, such as:

- Project Description (i.e. proposal, conceptual elevation plan, materials / colours of the street oriented facade, exterior lighting, other drawings and reports / studies). A Business Plan may be required);
- Current Assessment Information;
- Copy of Deed;
- Photograph(s) of the existing building / property;
- Three reliable cost estimates for eligible work from qualified contractors (i.e. must be acceptable to the Community Improvement Committee) and any other requirements;
- A letter from the Town's Finance Department and Building Department is required to ensure the property is up to date and in good standing with respect to Municipal financial obligations and work orders / By-law Infractions.
- Any additional forms of funding must be identified at the time of the application.