



# Town of Cochrane

## Community Improvement Plan 2018

<b>OFFICE USE ONLY</b>
Application Number: _____
Date Received: _____
Recommendation: _____
Decision: _____

### FINANCIAL INCENTIVE PROGRAM APPLICATION FORM

#### A. APPLICANT'S INFORMATION

##### 1) Registered Property Owner(s)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

##### 2) Applicant (if different from Registered Property Owner):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

##### 3) Authorized Agent (if different from Registered Property Owner):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

- 4) If known, please describe any other encumbrances, charges, or other holders of mortgages on the lands. Please provide the names and contact information of the individuals.

- 5) Indicate to whom correspondence regarding this application should be sent:

Registered Property Owner     Applicant     Authorized Agent

**PLEASE NOTE:**

*If the applicant is not the registered property owner, please ensure that the required authorization is completed and signed by the registered property owner as provided in Section H of this application form. In absence of the Authorization of Owner, no further consideration of the application will be made.*

**B. DESCRIPTION OF YOUR PROPERTY**

**1) Please indicate the location of the property or unit subject to this application.**

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Roll Number: \_\_\_\_\_

**2) Describe the existing use(s) of the subject property, and list the buildings and structures located on your property. Please describe the condition of buildings and structures on the subject property.**

**3) Please indicate if there is any known municipal heritage designation that is applicable to your property (i.e. designation under the *Ontario Heritage Act*).**

**4) Is your property a corner lot (located at an intersection of two roads)?**

Yes

No

If **Yes**, please indicate the names of the two streets that the subject property fronts onto:

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**C. DESCRIPTION OF YOUR PROJECT**

**1) Please describe your proposed improvement project.**

**2) Have you recently completed or started any improvement works to your property? Please describe any recent work that has been completed or is underway.**

**D. ELIGIBILITY CONSIDERATIONS**

**1) Have you discussed your application with the Town (i.e., have you arranged for a pre-application consultation meeting?)**

Yes  No

If **Yes**, please indicate the date and the name of the person(s) you met with:

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**2) Is your property or unit located within the currently designated Community Improvement Project Area? *Note: Your property must be within the current Community Improvement Project Area in order to be eligible for financial incentives.***

Yes  No

**3) Does your property have any outstanding tax arrears, area rates or other charges? *Note: The subject property must not have any outstanding tax arrears in order to be eligible (even if you are a tenant).***

Yes  No

**4) Have you previously applied for a financial incentive through the Community Improvement Plan?**

Yes  No

**5) If you answered Yes to (4) above, please provide the date and an explanation of your previous financial incentive application, and how it relates to this financial incentive application.**

**6) Are any other approvals required in relation to your project? For example, is an Official Plan Amendment, Zoning By-Law Amendment, minor variance, Site Plan, building permit, or demolition permit required?**

Yes  No

7) **If you answered Yes to (6),** please list the required approvals for your project using the space below. Please indicate the status of the approvals (for example, “application submitted”, “not submitted”, or “approval received”).

Required Approvals:	Application Status:

8) **Have you secured, do you intend to apply for, or do you anticipate receiving funding from other government bodies and/or non-profit organizations for your project?**

Yes

No

9) **If you answered Yes to (8),** please list the funding sources. Please indicate the status of their approvals (for example, “application submitted”, “not submitted”, or “approval received”).

**E. INCENTIVE PROGRAMS**

**1) Please check which programs you are applying for. Each program is associated with specific eligibility criteria, as detailed in the Community Improvement Plan. Applicants are encouraged to apply for more than one program if they are eligible to do so.**

Accessibility Grant	<input type="checkbox"/>	I want to apply for a grant of 50% of the construction costs, to a maximum of \$2,500, for my accessibility improvement project.
Affordable Housing Study Grant	<input type="checkbox"/>	I want to apply for a grant of 50% of the eligible project costs, to a maximum of \$5,000, for my affordable housing study project.
Brownfield Property Tax Assistance Program	<input type="checkbox"/>	I want to apply for a grant for the cancellation or deferral of all or part of the property tax increase on my property that is undergoing or has undergone remediation and development, to assist with payment of the cost of environmental remediation.
Downtown Housing Grant	<input type="checkbox"/>	I want to apply for a grant equal to 50% of the construction costs of each unit, to a maximum of \$5,000 per unit, and to a maximum of two (2) units per eligible address, for my downtown housing project.
Environmental Site Assessment (ESA) Grant	<input type="checkbox"/>	I want to apply for a grant equivalent up to 50% of the cost of undertaking an eligible environmental study, to a maximum of \$3,000 per study, and a maximum of two (2) studies per property/project.
Façade Improvement Grant	<input type="checkbox"/>	I want to apply for a grant of 50% of the construction costs, to a maximum of \$5,000, for my façade improvement project.
Landscaping and Parking Area Grant	<input type="checkbox"/>	I want to apply for a grant of 50% of the construction costs, to a maximum of \$5,000, for my landscaping and/or parking area improvement project.
Planning and Building Permit Fee Grant	<input type="checkbox"/>	My project requires a building permit, demolition permit, and/or planning approval(s). I want to apply for a rebate on the fees that I will pay (100% of Town fees for the Planning Fee Grant, to a maximum of \$1,500; and 100% of Town fees for the Building Fee Grant, to a maximum of \$1,500). Note: this grant is not intended for greenfield development or development through severances.
Retail Market Strategy Study Grant	<input type="checkbox"/>	I want to apply for a grant equivalent up to 50% of the cost of undertaking an eligible market study, to a maximum of \$3,000 per study, and a maximum of one (1) study per property/project.
Signage Improvement Grant	<input type="checkbox"/>	I want to apply for a grant of 50% of the construction costs, to a maximum of \$2,500, for my signage improvement project.
Tax Increment Equivalent Grant	<input type="checkbox"/>	The municipal taxes are anticipated to increase as a result of my project. I want to apply for a grant that is equal to all or a portion of the increase in my taxes, for a maximum of two (2) years. Note: this grant is not intended for greenfield development.

**F. PROJECT COSTS AND TIMING**

Please detail all eligible project costs using the following table. The estimated costs should be based on quotes from contractors and vendors. Applicants are required to obtain at least two quotes and submit them with their application.

Community Improvement Task / Item	Cost – Low Quote	Cost – High Quote
Example: Replacement of storefront sign	\$ 1,500 from Signs Inc.	\$2,200 from John's Custom Signs
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
<b>TOTAL:</b>		



**G. SUPPORTING MATERIALS**

1) Please complete the following table in consultation with the Town.

Required Supporting Materials	Required to be Attached with Completed Application (To be checked by Town)	Completed and Attached (To be checked by Applicant)
Photographs of the existing building or property condition		
Historical photographs or documentation		
Professional or conceptual drawings and/or plans, including drawings or plans prepared by a professional architect, planner, engineer or landscape architect licensed in the Province of Ontario		
A site plan or landscape plan		
Specifications of the proposed works, including a work plan for the improvements		
Two (2) cost estimates for eligible work and/or materials	✓	
Any other materials as may be required for specific incentive programs		
<i>Other required materials (Town to specify at pre-application consultation meeting, using space below)</i>		

**H. DECLARATION OF APPLICANT**

I, \_\_\_\_\_ declare that:  
 (print name)

1. The information contained in this application, attached supporting materials and documentation, is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

If the applicant is not the registered property owner, the property owner must also sign this application:

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Property Owner

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Property Owner

**I. SUBMISSION AND CONTACT**

A pre-application consultation meeting is required before your application can be accepted by the Town. The Town will help you complete this application and advise you of your eligibility of programs. The Town will also indicate which supporting materials are required for your application (Section G).

Your completed application, with all required supporting materials (see Section G), may be submitted in person at the Town office or mailed/couriered to the address below. As original signatures are required, faxed or emailed submissions will not be accepted.

Please contact us with any questions, to arrange a meeting to discuss your application, or to submit your application:

Sophie Hautot  
 Land Use Planner/ Economic Development Officer  
 Town of Cochrane  
 171 Fourth Avenue  
 Cochrane, ON P0L 1C0  
 Phone: (705) 272-4361  
 Email: [sophie.hautot@cochraneontario.com](mailto:sophie.hautot@cochraneontario.com)

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**1) APPLICATION COMPLETENESS**

**The application is complete, including all required supporting materials/documentation.**

**The application is not complete.**

If determined to be incomplete, specify reasons:

**2) APPLICATION EVALUATION**

**The application meets all General Eligibility Criteria (Section 8.3 of the Community Improvement Plan)**

**The application does not meet all General Eligibility Criteria.**

If not, specify reasons:

**The application meets all program-specific criteria (Sections 7.1 to 7.11 of the Community Improvement Plan).**

**The application does not meet all program-specific criteria.**

If not, specify reasons:

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**The application is desirable for the community, is in the public interest, and represents good design according to the Community Improvement Plan and Design Guidelines (Section 8.4 of the Community Improvement Plan).**

**The application is not desirable for the community, is not in the public interest, and/or does not represent good design according to the Community Improvement Plan and Design Guidelines (Section 8.4 of the Community Improvement Plan).**

Specify reasons why the project is or is not desirable, is or is not in the public interest, and why it does or does not represent good design:

**Does the property have any outstanding tax arrears, area rates, or other charges?**

**Yes**

**No**

If yes, indicate outstanding taxes/charges.

**Are there any outstanding work orders from the Town's Fire Department or Building Department that must be addressed prior to grant approval?**

**Yes**

**No**

If yes, indicate outstanding work orders.

**OFFICE USE ONLY – EVALUATION FORM – Page 3 of 3**

**3) APPLICATION RECOMMENDATION**

**The CIP Administrator/Review Panel recommends this application for approval.**

**The CIP Administrator/Review Panel does not recommend this application for approval**

If not recommended for approval, specify reasons:

**4) APPLICATION DECISION**

**The application was approved.**

**The application was not approved.**

If not approved, specify the reasons as determined by the approval authority: