

A. General Information and Instructions

- 1. Before filling out this application form, **please read the attached Program Guide** and arrange for a pre-application meeting or consultation with staff. The Program Guide describes the purpose and basic terms and conditions of the **Feasibility Study Grant Program**.
- 2. If the applicant is not the property owner, please ensure that written authorization from the property owner to make application for, conduct the project feasibility study and receive the grant is attached to the application form.
- 3. If an agent is acting for the property owner/applicant, please ensure that the required authorization is completed and signed by the owner as provided in Section C below.
- 4. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form.
- 5. Please attach to this application the required supporting documents as requested by City staff. An application will not be considered complete until all required documents have been submitted.
- 6. Please ensure that the application form is complete and that all required signatures have been supplied.
- 7. Please print (black or blue ink) or type the information requested on the application form.
- 8. You may deliver your application in person or send it by mail to:

City of Windsor Planning Department 400 City Hall Square East, Suite 404B Windsor, ON. N9A 7K6

Attention: Greg Atkinson

9. For further information on this program, please contact Greg Atkinson, Senior Planner, at (519) 255-6543 ext. 6582 or via e-mail at gatkinson@citywindsor.ca



PLEASE PRINT	Application No(Office Use Only)
B. Applicant Information	
Name of Registered Property Owner	
Mailing Address of Property Owner	
Phone:	Fax:
Email:	
	rant is not the legally registered owner of the nade, please fill in the section below and attach make this application, conduct the feasibility study
Name of Applicant if different from Registered Property Owner	
Mailing Address of Applicant if different from Registered Property Owner	
Phone:	Fax:



C. Agent Authorization and Information

If the property owner/applicant is authorizing an agent to act on his/her behalf in making this application, please complete and sign this section. If an agent is authorized, all correspondence will be sent to the authorized agent. If no agent is authorized, all correspondence will be sent to the property owner/applicant.

I,	am the ow	ner of/applica	nt for the land that i	s subject of this
application, and I hereby authorize my ag	gent			
to make this application and to act on my	behalf in regard t	o this applicat	ion.	
Detail at the	41.5-	- F		
Dated at the (City/City of)	, this	Day	Month	Year
Name of Owner/Applicant			of Owner/Applicant	
Agent Information (if any)				
Name of Agent				
Mailing Address of Agent				

Phone:		Fax:		
Email:				



Property Information D. Municipal Address(es) of Property for which this Application is being submitted Assessment Roll Number(s) Legal Description of Property (Lot and Plan Numbers) **Existing Property Use** Size of Property Existing Buildings on Property? (If yes, specify building size below) Yes No Building 1 sq. ft. Building 2 sq. ft. Building 3 sq. ft.

(Please list all additional buildings on a separate sheet)



Is this property in tax arrears?	Yes	No		
If yes, specify value of tax arrears	\$			
Have tax arrears been cancelled (in wh	nole or in part) on this property under any City p	rogram? Yes	No
Is the property designated under the O	ntario Heritag	ge Act?	Yes	No
Has or will this property receive grants/loans or other financial assistance from the City under any other City program?				No
If yes, please specify program and amount of financial assistance received from the City				
Specify reason for conducting the about the planned redevelopment/rehabilita applications that have been submitted	tion of the pro			



E. Project Feasibility Study Information (this section to be completed by a Qualified Professional as defined by the City)

Name of Qualified Professional Conducting the Study				
Company				
Mailing Address of Qualified Professional				
Phone:	Fax:			
Email:				
Have any project feasibility studies been conducted on the property? Yes No				
If yes, please attach these feasibility studies to this application.				
This application for a Project Feasibil	ity Study is for a:			
☐ Structural Analysis ☐ Evaluation of Mechanical and/or I ☐ Concept Plan ☐ Urban Design Study ☐ Market Analysis ☐ Other (please describe)	Electrical Systems			
Estimated Cost of Feasibility Study (excluding GST)	\$		
(Dlagge ette als a detailed model of		-1'.C' - 1 C' 1 C		

(Please attach a detailed work plan and cost estimate prepared by a qualified professional for the project feasibility study being applied for).



F. Sworn Declaration

I/WE HEREBY APPLY for a grant under this program.

I/WE HEREBY AGREE to abide by the terms and conditions of the grant program.

I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the City by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY GRANT permission to the City, or its agents, to inspect my/our property that is subject of this application.

I/WE HEREBY AGREE that if any statements or information in this application or submitted in support of this application are untrue, misleading or there is a material omission, the application may be rejected or not approved, or the grant may be delayed, reduced, cancelled or repayment of the grant may be required.

I/WE HEREBY AGREE that the grant may be delayed, reduced or cancelled if the feasibility study is not completed, not completed as approved, or if the qualified professional conducting the study is not paid.

I/WE HEREBY AGREE to provide the City with one (1) electronic copy and one (1) hard copy of the completed feasibility study for review.

I/WE HEREBY AGREE that should I/WE chose not to proceed with the works contemplated in the feasibility study, the City may provide the feasibility study to a subsequent owner of the property.

I/WE HEREBY AGREE that the program(s) for which application has been made herein is/are subject to cancellation and/or change at any time by the City in its sole discretion, subject to the terms and conditions specified in the program.

I/WE HEREBY AGREE all grants/loans will be calculated and awarded in the sole discretion of the City. Notwithstanding any representation by or on behalf of the City, or any statement contained in the program, no right to any grant/loan arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the program and the grant/loan agreement. The City is not responsible for any costs incurred by the Owner/Applicant in any way relating to the program, including, without limitation, costs incurred in anticipation of a grant/loan.



Dated at the	, tl	his	of ,	
	(City/City of)	Day	Month	Year
Name of Owner/A	Applicant or Authorized Agent	_	Signature of Owner/A Authorized Agent	Applicant or