

# MAIN STREETS

## COMMUNITY IMPROVEMENT PLAN GRANT APPLICATION FORM



### A. GENERAL INFORMATION AND INSTRUCTIONS

1. Before filling out this application form, please read the attached Program Guide and arrange for a preapplication meeting with City planning staff. The Program Guide describes the purpose, basic terms and conditions of the Community Improvement Plan grant programs.
2. If an agent is acting for the property owner, please ensure that the required authorization is completed and signed by the owner as provided in Section D.
3. 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. It is suggested that any additional or required information be contained within a cover letter included with your application.
4. Please include all required supporting documents requested by City planning staff (e.g. deed, business plan, site plan, architectural/construction drawings, cost estimates). An application will not be considered complete until all required documents have been submitted.
5. Please ensure that the application form is complete and that all required signatures have been supplied.
- 6.

Please submit a complete application to:

**Planning & Development Services**

**Planning Division**

Email: [planningdept@citywindsor.ca](mailto:planningdept@citywindsor.ca)

*If you have any questions about this program, please contact **Planning & Development Services** by phone at (519) 255-6543 or via e-mail at [planningdept@citywindsor.ca](mailto:planningdept@citywindsor.ca)*

Please note that any work carried out or cost incurred prior to the City's acceptance of a complete grant application will not be eligible for funding.

### B. APPLICANT INFORMATION

---

APPLICANT NAME:

MAILING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE:

FAX:

EMAIL:

### C. OWNER INFORMATION

---

Same as applicant information?

YES

NO

APPLICANT NAME:

MAILING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE:

FAX:

EMAIL:

If the applicant is the legally registered property owner, please proceed to **Section E. Property Information.**

If the applicant is not the legally registered property owner, please fill out **Section D. Owner Authorization and Information.**

### D. OWNER AUTHORIZATION AND INFORMATION

---

If the property owner 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.

I, \_\_\_\_\_ am the owner of the land that is subject of this application,  
and I hereby authorize my agent / solicitor \_\_\_\_\_  
to make this application and to act on my behalf in regard to this application

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
CITY/TOWN OF... DAY MONTH YEAR

\_\_\_\_\_  
NAME OF OWNER

\_\_\_\_\_  
SIGNATURE OF OWNER

I understand that, as the property owner, I may be party to a future agreement regarding the incentives, and that the agreement may be registered on the title of the land.

\_\_\_\_\_  
NAME OF OWNER

\_\_\_\_\_  
SIGNATURE OF OWNER

### E. PROPERTY INFORMATION

Please fill in the following information about the property for which this Application is being submitted.

|                   |         |
|-------------------|---------|
| PROPERTY ADDRESS: | ROLL #: |
|-------------------|---------|

|                  |           |              |
|------------------|-----------|--------------|
| MAILING ADDRESS: | PROVINCE: | POSTAL CODE: |
|------------------|-----------|--------------|

LEGAL DESCRIPTION OF PROPERTY  
(LOT AND PLAN NUMBERS):

EXISTING PROPERTY USE(S):

FIRST STOREY: \_\_\_\_\_

SECOND STOREY: \_\_\_\_\_

ABOVE SECOND STOREY: \_\_\_\_\_

HOW MANY ADDITIONAL STOREYS ABOVE THE SECOND STOREY? \_\_\_\_\_

PREVIOUS PROPERTY USE(S) (IF KNOWN):

FIRST STOREY: \_\_\_\_\_

SECOND STOREY: \_\_\_\_\_

ABOVE SECOND STOREY: \_\_\_\_\_

HOW MANY ADDITIONAL STOREYS ABOVE THE SECOND STOREY? \_\_\_\_\_

PROPOSED PROPERTY USE(S):

FIRST STOREY: \_\_\_\_\_

SECOND STOREY: \_\_\_\_\_

ABOVE SECOND STOREY: \_\_\_\_\_

HOW MANY ADDITIONAL STOREYS ABOVE THE SECOND STOREY? \_\_\_\_\_

Which Main Street Area is your property located in?  
(see Attached Map in Appendix 'A')

Is the property designated under Part IV of the Ontario Heritage Act?  YES  NO

Are there any outstanding work orders on this property?  YES  NO

SIZE OF PROPERTY (m<sup>2</sup>):

NUMBER OF STOREFRONTS ON THE PROPERTY:

Are the side and/or rear facades visible from the Main Street, or a public right-of-way?  YES  NO

Is this property in tax arrears?

YES

NO

If yes, specify value of tax arrears (\$):

Have tax arrears been cancelled (in whole or in part) on this property under any City program?

YES

NO

Has this property received, or do you anticipate this property will receive, grants/loans or other financial assistance from the City under any other City program?

YES

NO

If yes, please specify program and amount of financial assistance received/anticipated from the City:

## F. OTHER SOURCES OF FUNDS

Have you applied for or will you be obtaining any other sources of grant funding? (e.g. Federal, Provincial, Federation of Canadian Municipalities, Business Improvement Areas, etc...).

YES

NO

If yes, please list other sources and amounts of grant funding:

|          |  |         |    |
|----------|--|---------|----|
| Program: |  | Amount: | \$ |
| Program: |  | Amount: | \$ |

## FOR OFFICE USE ONLY

DATE OF PRE-CONSULTATION:

DATE RECEIVED:

DATE APPLICATION DEEMED COMPLETE:

APPLICATION FILE NUMBER:

### G. SELECT INCENTIVE AND GRANT PROGRAMS

#### Financial Incentive Programs:




- Building Facade Improvement Program
- Building/Property Improvement Tax Increment Grant Program
- New Residential Development Grant Program (Creation of residential units)

### BUILDING FACADE IMPROVEMENT AVAILABLE GRANT PROGRAMS

Please indicate the elements of the program you are applying for.

#### Building Facade Improvement Program Grant:

(More than one box can be selected based on work being proposed)

-  **Category A – Beautification**  
designed for aesthetic improvements such as replacement of signage, lighting, awnings, cleaning and painting, removing security bars
-  **Category B – Restoration**  
designed for aesthetic, functional and restoration purposes to encourage work that will restore key features of the building facade. Examples of eligible work include re-pointing of brick and stone, restoration of original windows and doors, accessibility improvements
-  **Category C – Replacement**  
designed to encourage work that will replace or reinstate key features such as doors and windows that have been lost or deteriorated beyond repair or are of a style that is no longer consistent with the building design. The grant will also encourage functional improvements such as reinstating doors and windows that have been filled in or removed

#### Development and Building Fees Eligible Under This Program:

- Building Permit
- Site Plan Approval
- Encroachment Agreement Application and Annual Fees
- Sign By-Law Permit
- Other(s)

### H. PROJECT DESCRIPTION

Provide a description under the appropriate financial incentive program(s) such as building size/type, number of stories, construction materials, etc., below of the proposed improvement to take place on the property described in Section E. Please note which areas of the facade are to be cleaned, repaired, painted, rebuilt/restored, etc.

#### Building Facade Improvement Program

Please indicate proposed improvements such as restoration of existing building material or replacement of existing materials (eg. brick, doors, windows ect):

ESTIMATED CONSTRUCTION START  
AND END DATE (MONTH/YEAR):

START:

END:

Did you review, and does the application comply with, the Urban Design Guidelines?

YES  NO

Please submit current photographs of the facade with the Application package.

ATTACHED

Building/Property Improvement Tax Increment Grant Program

Please indicate interior improvements and any uses proposed:

New Residential Development Grant Program (Creation of residential units)

Please indicate the number of new residential units being proposed above the storefront and indicate improvements proposed:

### I. ESTIMATE OF ELIGIBLE COSTS

Please provide an estimate of eligible costs as shown below.

| Eligible Cost Item (See program guide for details of eligible costs)   | Actual/Estimated Cost. |
|--|------------------------|
| <b>Building Facade Improvement Program: Category A - Beautification</b>  |                        |
| Installation/improvement of signage (as permitted by the Sign By-law)  | \$                     |
| Addition of new lighting/ upgrading of existing fixtures on exterior facade and in entrance and storefront display areas | \$                     |
| Repair or replacement of awnings or canopies   | \$                     |
| Painting of facade elements (ie. wood trim, window and door frames, cornice)   | \$                     |
| Cleaning of masonry buildings if it is necessary for the building's preservation   | \$                     |
| Removal of security bars*  | \$                     |
| Murals and public art (as long as important elements of the building are not impacted)**                                 | \$                     |
| Other:   | \$                     |
| <b>Building Facade Improvement Program: Category B - Restoration</b>   |                        |
| Repair or repointing of facade masonry and brickwork   | \$                     |
| Repair or replacement of cornices, parapets, eaves, soffits and other architectural details                              | \$                     |
| Brick and mortar testing*  | \$                     |
| Removal of materials and replacement with documented original materials  | \$                     |
| Repair or replacement of storefront, including repair or replacement of storefront doors and windows                     | \$                     |
| Building Code and structural improvements to the building facade   | \$                     |
| Exterior and entrance modifications to provide barrier free access*  | \$                     |
| Other:   | \$                     |

# MAIN STREETS

## COMMUNITY IMPROVEMENT PLAN GRANT APPLICATION FORM

| Eligible Cost Item (See program guide for details of eligible costs)  | Actual/Estimated Cost. |
|---|------------------------|
| <b>Building Facade Improvement Program: Category C - Replacement</b>  |                        |
| Functional improvements to the Storefront/Building Facade (i.e. reinstating boarded up or bricked in window and door openings)  | \$                     |
| Replacement of doors and windows that have deteriorated beyond repair or are inconsistent with the design of the building   | \$                     |
| Repair or replacement of cornices, parapets, eaves, soffits and other architectural details   | \$                     |
| Reconstruction or construction of former and significant architectural features for which the appearance can be clearly determined from documentary sources (photographs, drawings, etc.) | \$                     |
| Other:  | \$                     |
| <b>Total Eligible Costs Eligible for a Building Facade Improvement Grant (Sum Costs above)</b>  | \$                     |

### Eligible Costs Details

Quotes from at least three (3) different qualified contractors may be required for the application. Please provide a minimum of three quotes from qualified contractors if applicable. If approved, you are not bound to choose between these contractors.

Please attach hard copies of the detailed estimates and contact information for each contractor to this application.

| Quote | Company | Name Estimate |
|-------|---------|---------------|
| 1     |         | \$            |
| 2     |         | \$            |
| 3     |         | \$            |

| Interior Cost Item  | Actual/Estimated Cost. |
|---|------------------------|
| Building/Property Improvement Tax Increment Grant Program   |                        |
|   | \$                     |
|   | \$                     |
|   | \$                     |
| <b>Total Costs Eligible for a Building/Property Improvement Tax Increment Grant (Sum Costs above)</b> | \$                     |

| New Residential Cost Item   | Actual/Estimated Cost. |
|---|------------------------|
| New Residential Development Grant Program   |                        |
|   | \$                     |
|   | \$                     |
|   | \$                     |
| <b>Total Costs Eligible for a New Residential Development Grant (Sum Costs above)</b> | \$                     |

### J. REQUIRED APPLICATION ATTACHMENTS

The following documents/information may be required prior to the application being finalized, or at any point to verify prior to the grant being paid (City staff to indicate what is required at a pre-consultation meeting):

- Incorporation Documents
- Proof of Ownership (Copy of the Property Deed)
- Written Authorization from Owner to apply for the Grant
- Current photographs of the facade
- Historical photographs of the facade (if applicable)
- Architectural drawings of the proposed facade elevation
- Site Plan and Survey
- Three (3) cost estimates (quotes prepared by a bona fide contractor)

# MAIN STREETS

## COMMUNITY IMPROVEMENT PLAN GRANT APPLICATION FORM

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

I/WE HEREBY AGREE to abide by the terms and conditions of the Building Facade Improvement Community Improvement Plan and Urban Design Guidelines.

I/WE HEREBY AGREE to enter into and abide by an agreement with the City that specifies the terms and conditions of the applicable grant program.

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

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 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, cancelled or repayment of the grant may be required if the eligible works are not completed or not completed as approved.

I/WE HEREBY AGREE that any eligible works carried out prior grant approval by City Council may not eligible under any grant program.

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. Participants in the program whose application has been approved and who have entered into a grant agreement with the City will continue to receive grant payments, subject to meeting the terms and conditions in their grant agreement.

I/WE HEREBY AGREE that all grants 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 arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the programs and the grant 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.

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
NAME OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT