



Mailing Address  
 PO Box 270 Bridgenorth  
 Ontario K0L 1H0

Tel: 705 292 9507  
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www.selwyntownship.ca

Township of Selwyn

Application for  
 Community Improvement Plan  
 Incentive Programs

**Instruction Checklist**

- Read the General Program Requirements and Program Guide(s) that apply to the program(s)
- Meet with Township staff to discuss and confirm program eligibility and details.
- Attach all supporting documents that apply to the program(s) for which you are applying:

|  | Urban Design                   | Landscaping Improvement | Façade Improvement | Ground Sign Improvement |
|--|--------------------------------|-------------------------|--------------------|-------------------------|
| One detailed estimate of study cost from bona fide designer ( <b>Urban Design Only</b> )     |                                | N/A                     | N/A                | N/A                     |
| Two detailed estimates of project construction costs prepared by bona fide contractors       | N/A                            |                         |                    |                         |
| Site Plan or Survey  | N/A                            |                         |                    |                         |
| Design plans showing building/proposed building, façade and property improvements            | N/A                            |                         |                    |                         |
| Written authorization from property owner ( <b>in case of tenant applying for a grant</b> )  |                                |                         |                    |                         |
| Picture of existing façade, landscape, building areas and/or signage to be restored/improved | N/A                            |                         |                    |                         |
| Complete relevant section of this application  | Section F                      | Section G               | Section H          | Section I               |
| Complete all other relevant sections of this application                                     | Sections A. B. C. D. E. and J. |                         |                    |                         |

- Complete application.
- Provide all necessary signatures.
- Any works or studies, subject to the application, will not begin before receiving approval or before an agreement is signed by the Township.
- Deliver your application in person or send it by mail to:

**Mail:**

Township of Selwyn  
 P.O. Box 270  
 Bridgenorth, ON K0L 1H0

**Drop off:**

Township of Selwyn  
 1310 Centre Line, Selwyn

For further information on the CIP Financial Incentive Programs, please refer to our website [www.selwyntownship.ca](http://www.selwyntownship.ca) or contact Kari Partridge at (705) 292-9507 ext. 239 or via e-mail at [kpartridge@selwyntownship.ca](mailto:kpartridge@selwyntownship.ca)

| For Office Use Only |                               |
|---------------------|-------------------------------|
| Application number: | Permit number (if different): |
| Date received:      | Roll number:                  |

-- Please Print--

**Section A. Applicant Information**

Name of Applicant

Mailing Address of Applicant

|       |     |       |
|-------|-----|-------|
| Phone | Fax | Email |
|-------|-----|-------|

**Section B. 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 owner of/applicant for the land that is subject of this application, and I hereby authorize my agent \_\_\_\_\_

to make this application and to act on my behalf in regard to this application.

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
 (City/Town/Township of...) (day) (month) (year)

|  |                              |
|--|------------------------------|
| Name of Owner/Applicant (please print) | Signature of Owner/Applicant |
|--|------------------------------|

**Agent Information (if any)**

Name of Agent

Mailing Address of Agent

|       |     |       |
|-------|-----|-------|
| Phone | Fax | Email |
|-------|-----|-------|

**Section C. Property Information**

Name of Registered Property Owner

Municipal Address(es) of property for which this Application is being submitted

Roll Number(s)

Legal Description of Property (Lot and Plan Numbers)

Existing Property Use

Size of Property \_\_\_\_\_ Hectares

Existing Buildings on Property? Yes  No  (If yes, specify building size below)

Building 1 \_\_\_\_\_ sq. m

Building 2 \_\_\_\_\_ sq. m

Building 3 \_\_\_\_\_ sq. m

Is property designated under Part IV of the Ontario Heritage Act? Yes  No

Is this property in tax arrears? Yes  No

If yes, specify value of tax arrears \$ \_\_\_\_\_

Are there any outstanding work orders on this property? Yes  No

## Section D. Other Sources of Funding

Have you applied for or will you be obtaining any other sources of funding? (incl. Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, Federation of Canadian Municipalities, etc.)

Yes  No

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

Program \_\_\_\_\_ \$ \_\_\_\_\_

Program \_\_\_\_\_ \$ \_\_\_\_\_

## Section E. Application Type

Please place a check mark below beside each incentive program for which you are applying. Then please refer to and complete the appropriate information section for each incentive program for which you are applying.

- Urban Design Study Grant Program (complete Section F);**
- Landscaping Improvement Grant Program (complete Section G);**
- Façade Improvement Grant Program (complete Section H);**
- Ground Sign Improvement Grant Program (complete Section I);**

**Section F: Urban Design Study Grant Program**

|  |     |       |
|--|-----|-------|
| Name of Architect or Qualified Professional Conducting the Study |     |       |
| Company Name (if different from above)                           |     |       |
| Mailing Address  |     |       |
| Phone  | Fax | Email |

**i) Please describe the urban design study and/or architectural/design drawings to be prepared**

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**ii) Cost Estimate for urban design study and/or architectural/design drawings (one estimate required)**

|   |                 |
|---|-----------------|
| Lowest cost estimate for eligible works | \$ _____        |
| Less HST                                | \$ _____        |
| <b>Total eligible amount:</b>           | <b>\$ _____</b> |
| 50% of eligible amount:                 | \$ _____        |
| <b>Total eligible amount of Grant:</b>  | <b>\$ _____</b> |

**iii) Please describe the facade improvement/restoration and/or the planned redevelopment/rehabilitation of the property being contemplated at this time, and any planning applications that have been submitted/approved.**

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**Section G: Landscaping Improvement Grant Program**

i) Please describe the landscaping improvement works that are eligible for the grant (see the Program Guide for the definition of “eligible works”)

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ii) **Cost Summary - Eligible Landscape Improvement Works** (please attach **two (2)** detailed costs estimates from bona fide contractors for work to be performed).

|   |               |       |
|---|---------------|-------|
| Lowest cost estimate for eligible works | \$            | _____ |
| Less HST                                | \$            | _____ |
| <b>Total eligible amount:</b>           | <b>\$</b>     | _____ |
| 50% of eligible amount:                 | \$            | _____ |
| <b>Total eligible amount of Grant:</b>  | <b>(A) \$</b> | _____ |

**\*\*Please note Sign Permits and Minor Variance (Sign By-law) costs will be deducted from the total eligible amount at payment.\*\***

|   |               |       |
|---|---------------|-------|
| Applicable Permit Cost                        | \$            | _____ |
| Minor Variance (Sign By-law) Cost             | \$            | _____ |
| <b>Total Amount to be deducted from Grant</b> | <b>(B) \$</b> | _____ |

**Cheque Amount (A-B) \$ \_\_\_\_\_**

iii) **Construction Schedule**

(Construction **of all works** must be completed within one (1) year of grant approval)

Approximate Start Date of Construction (Month/Year) \_\_\_\_\_

Approximate End Date of Construction (Month/Year) \_\_\_\_\_

## **Section H: Facade Improvement Grant Program**

**i) Please describe the facade improvement/restoration works that are eligible for the grant (see the Program Guide for the definition of “eligible works”)**

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**ii) Cost Summary - Eligible Front Facade Improvement/Restoration Works** (please attach **two (2)** detailed costs estimates from bona fide contractors for work to be performed).

|  |               |              |
|--|---------------|--------------|
| Lowest cost estimate for eligible works  | \$            | _____        |
| Less HST   | \$            | _____        |
| Less – other sources of funding? (incl.<br>Federal, Provincial, Municipal, Municipal Heritage<br>Committee, CMHC, FCM, etc | \$            | _____        |
| <b>Total eligible amount:</b>  | <b>\$</b>     | <b>_____</b> |
| 50% of eligible amount: <b>permitted maximum<br/>identified in the Program Guide</b>                                       | <b>\$</b>     | <b>_____</b> |
| <b>Total eligible amount of Grant:</b>   | <b>(A) \$</b> | <b>_____</b> |

**\*\*Please note Sign Permits and Minor Variance (Sign By-law) costs will be deducted from the total eligible amount at payment.\*\***

|   |                 |              |
|---|-----------------|--------------|
| Applicable Permit Cost                        | \$              | _____        |
| Minor Variance (Sign By-law) Cost             | \$              | _____        |
| <b>Total Amount to be deducted from Grant</b> | <b>(B) \$</b>   | <b>_____</b> |
| <b>Cheque Amount</b>                          | <b>(A-B) \$</b> | <b>_____</b> |

**iii) Cost Summary - Eligible Side and/or Rear Facade Improvement/Restoration Works**

(please attach **two (2)** detailed costs estimates from bona fide contractors for work to be performed).

|  |                 |
|--|-----------------|
| Lowest cost estimate for eligible works  | \$ _____        |
| Less HST   | \$ _____        |
| Less – other sources of funding? (incl. Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc | \$ _____        |
| <b>Total eligible amount:</b>  | <b>\$ _____</b> |
| 50% of eligible amount: <b>permitted maximum identified in the Program Guide</b>                                     | \$ _____        |

**Total eligible amount of Grant: (A) \$ \_\_\_\_\_**

**\*\*Please note Sign Permits and Minor Variance (Sign By-law) costs will be deducted from the total eligible amount at payment.\*\***

|                                   |          |
|-----------------------------------|----------|
| Applicable Permit Cost            | \$ _____ |
| Minor Variance (Sign By-law) Cost | \$ _____ |

**Total Amount to be deducted from Grant (B) \$ \_\_\_\_\_**

**Cheque Amount (A-B) \$ \_\_\_\_\_**

**iv) Construction Schedule**

(Construction **of all works** must be completed within one (1) year of grant approval).

Approximate Start Date of Construction (Month/Year) \_\_\_\_\_

Approximate End Date of Construction (Month/Year) \_\_\_\_\_



**Section I: Ground Sign Improvement Grant Program**

**i) Please describe the ground signage improvement works that are eligible for the grant**  
(see the Program Guide for the definition of “eligible works”)

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**ii) Cost Summary - Eligible Ground Signage Improvement Works** (please attach **two (2)** detailed costs estimates from bona fide contractors for work to be performed).

|   |               |       |
|---|---------------|-------|
| Lowest cost estimate for eligible works | \$            | _____ |
| Less HST                                | \$            | _____ |
| <b>Total eligible amount:</b>           | <b>\$</b>     | _____ |
| 50% of eligible amount:                 | \$            | _____ |
| <b>Total eligible amount of Grant:</b>  | <b>(A) \$</b> | _____ |

**\*\*Please note Sign Permits and Minor Variance (Sign By-law) costs will be deducted from the total eligible amount at payment.\*\***

|   |                 |       |
|---|-----------------|-------|
| Applicable Permit Cost                        | \$              | _____ |
| Minor Variance (Sign By-law) Cost             | \$              | _____ |
| <b>Total Amount to be deducted from Grant</b> | <b>(B) \$</b>   | _____ |
| <b>Cheque Amount</b>                          | <b>(A-B) \$</b> | _____ |

**iii) Construction Schedule**

(Construction **of all works** must be completed within one (1) year of grant approval)

Approximate Start Date of Construction (Month/Year) \_\_\_\_\_

Approximate End Date of Construction (Month/Year) \_\_\_\_\_

## **Section J. Sworn Declaration**

**I/We Hereby Apply** for the incentive programs as indicated in this application form.

**I/We Hereby Agree** to abide by the terms and conditions of these programs.

**I/We Hereby Agree** to display the Community Improvement Sign visibly for the duration of the work to be completed. (Agreed location with the Township)

**I/We Hereby Agree** to agree to place the Community Improvement Sign window sticker visibly after the project is completed to show participation in the program.

**I/We Hereby Agree** to enter into an agreement with the Township that specifies the terms and conditions of the grant and 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 Township 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 Township, 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 or cancelled.

**I/We Hereby Agree** that the grant may be delayed, reduced or cancelled if the work is not completed, not completed as approved, or if the contractors are not paid.

**I/We Hereby Agree** that the programs for which application has been made herein are subject to cancellation and/or change at any time by the Township in its sole discretion, subject to the terms and conditions specified in the program. Participants in programs whose applications have been approved and who have entered into an agreement with the Township will receive grant payments, subject to meeting the conditions in their agreement.

**I/We Hereby Agree** that all grants will be calculated and awarded in the sole discretion of the Township. Notwithstanding any representation by or on behalf of the Township, 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 program and the grant agreement. The Township 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 \_\_\_\_\_,  
(City/Town/Township of...) Day Month Year

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Name of Owner/Applicant or Agent

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Signature of Owner/Applicant or Authorized Agent