



Township of South Frontenac – Harrowsmith Community Improvement Plan (CIP) Application Form

\*\*Please Print in Black or Blue Ink\*\*

Application No: \_\_\_\_\_ (Office Use Only)

Section 1.0 Applicant Information

1.1 Name of Registered Property Owner:

Form for property owner details: Surname, Given Name, Phone No., Address, Postal Code, Email

1.2 Name of Tenant (If Applicable)

Form for tenant details: Surname, Given Name, Phone No., Address, Postal Code, Email

1.3 Name of Agent/Applicant

Form for agent details: Surname, Given Name, Phone No., Address, Postal Code, Email

Section 2.0 Property Information

2.1 Municipal Address \_\_\_\_\_

2.2 Legal Description \_\_\_\_\_

2.3 Existing Use \_\_\_\_\_

Section 3.0 Project Specific Information

3.1 Provide a detailed description (building size/type, number of stories, construction materials, etc...) of the proposed development to take place on the property described in Section 2.0. please attached a sketch/plan of the proposed improvements and a current photo of the property.

Blank lines for detailed description of the proposed development.

3.2 Estimated Value of Construction \_\_\_\_\_

3.3 Proposed start date of construction \_\_\_\_\_

3.4 Proposed completion date of construction \_\_\_\_\_



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Section 4.0 Community Improvement Plan (CIP) Incentive Program Type

Please indicate which Program(s) apply for the proposed development:

| Program Type                          | Check All That Apply | Details:<br>How does the proposed development meet the eligibility requirement (see the Harrowsmith CIP for a details list of criteria | Cost of Project (Labour and materials, excluding HST) | Total Eligible Costs (staff use only) |
|---------------------------------------|----------------------|--|---|---------------------------------------|
| Façade Improvement Program            |                      |  |   |                                       |
| Commercial Building Improvement Grant |                      |  |   |                                       |
| Accessibility Enhancements Grant      |                      |  |   |                                       |
| Residential Conversion Grant          |                      |  |   |                                       |
| Community Improvement Loan Program    |                      |  |   |                                       |
| Municipal Fees Grant Program          |                      |  |   |                                       |



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Have you applied for or will you be obtaining any other sources of government funding?

(includes Federal, Provincial, etc...)

Yes  No

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

| Program Name | Approval No. | Dollar Value |
|--------------|--------------|--------------|
|              |              |              |
|              |              |              |
|              |              |              |

**Section 5.0 Affidavit or Sworn Declaration**

**Agent or Authorization Information**

If the registered 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

Affidavit or Sworn Declaration that the Information is Accurate (to be completed at the time of application)

I, \_\_\_\_\_ of the \_\_\_\_\_ solemnly declare that the information contained in the application is true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act. I acknowledge that all information provided on this form (with the exception of personal information), including supporting documentation, is collected under the authority of the Planning Act, and Municipal Act, and will be accessible to the public and governmental and technical agencies for review.

Sworn (or declared) before me

At the \_\_\_\_\_

In the \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Commissioner of Oaths

\_\_\_\_\_  
Applicant

**PERSONAL INFORMATION CONTAINED ON THIS APPLICATION IS COLLECTED PURUSANT TO THE *PLANNING ACT* AND WILL BE USED FOR THE PURPOSE OF PROCESSING, AND FOR THE APPROVAL OF APPLICATIONS UNDER THE HARROWSMITH COMMUNITY IMPROVEMENT PLAN.**