

Planning and Economic Development Department Downtown and Community Renewal Division 71 Main Street West, 7th Floor Hamilton, Ontario, L8P 4Y5 Phone: (905) 546-2721

Phone: (905) 546-2721 Fax: (05) 546-2693

Application Fee of \$660 to Accompany Application

HAMILTON DOWNTOWN PROPERTY IMPROVEMENT GRANT PROGRAM - APPLICATION FORM APPLICANT/AGENT INFORMATION

	Name of Applicant/Owner: (if applicant is other than Owner, Letter of Authorization from the Owner must be attached)	
	Address of Applicant:	
	Mailing Address of Applicant:	
	If Corporation or Partnership Name of Registered Shareholders/Partners including percentages of ownership:	
	Tolombono Numbou	
	Telephone Number: Facsimile Number:	
	Cell Phone Number:	
	PROPERTY INFORMATION	
١.	Municipal Address of Property to which this application is being submitted:	
) 	Assessment Roll Number:	
.	Legal Description of Property:	

4.	Location Map: (to be completed by staff and attached)
5.	Survey of Property to be provided: (if applicable).
6.	Existing Land Use Description:
	DEVELOPMENT / REDEVELOPMENT PROPOSAL
1.	Description of Proposed Development/Redevelopment:
	Comparting Decompartation for Estimate of Mark to be Devicement, (to be often bed)
2.	Supporting Documentation for Estimate of Work to be Performed: (to be attached).
4.	Review of Conformity Checklist Prepared by Staff: (refer to Applicant Checklist)
4.	Review of Comorning Checkist Frepared by Stair. (Terei to Applicant Checkist)
	SUPPORTING DOCUMENTATION
1.	Proposed Demolition Date (if applicable):

SIGNATURE OF OWNER/AUTHORIZED AGENT AFFIDAVIT OR SWORN DECLARATION DATE OF APPLICATION SUBMISSION

l,	(of the	in the	
		_ make oath and say or solemnly declar	e that:	
1.	The information contained in th	is application is true, and that the info	ormation	
	contained in the documents that	accompany this application is true; and,		
2.	The annual vacancy rate is	There are units	and	
	are occupied.			
Sworn	(or declared) before me at the			
in the				
this		, 200.		
A Con	nmissioner, etc.	Applicant's Signature		
Autho	orization:			
writter	• •	e land that is the subject of this applica that the applicant is authorized to m oplication.	ake the	
CONSENT OF THE OWNER				
Col	mplete the consent of the owner c	concerning personal information set out b	elow.	
	CONSENT OF THE	OWNER TO THE USE AND		
	DISCLOSURE OF PERSONAL INFORMATION			
I,		, am the owner of the land the	at is the	
		urposes of the Municipal Freedom of Info		
and P	rotection of Privacy Act authorize	e and consent to the use by or the discl	osure to	

authority of the <u>Fi</u>	anning Act for the purpo	ses of processing this application.
Name of Owner (please print)		Signature of Owner
Date		
Owner's Informa	tion:	
Mailing Address: City: Postal Code:		
Telephone (H):		
Telephone (B):		
Cell Phone:		
Fax:		
If Corporation or Partnership Name of Registered Shareholders/ Partners and percentages of ownership)	tion on this form is collected t	under the legal authority of the Planning Act, Section 28.
The personal informat about the collection, p	tion will be used for determini please contact the Co-ordinato y of Hamilton Planning and Ec	ing your eligibility for a grant. If you have any questions or of Municipal Incentives, Downtown and Community conomic Development Department, 71 Main St. W., 7th Fl

any person or public body of any personal information that is collected under the

APPLICANT CHECKLIST

Note:

The Checklist serves as a guide for applicants wishing to submit an application under the Enterprise Zone Grant Program. The checklist provides a list of material and information which is critical for the submission stage of the application. The completed checklist will be attached to the application.

	REQUIRED INFORMATION	PROVIDED
1.	Municipal Address	
	Location within the Downtown Hamilton CIPA	
	Existing Use	
2.	Legal Description	
	Copy of a Survey (may be required for future processing of the application)	
3.	Proof of Ownership	
4.	Description of Proposed Development/Redevelopment (If proposal has been started, application is void)	
	Estimate of Costs/Contracts or other details	

	REQUIRED INFORMATION (Continued)	PROVIDED
5.	Affidavit to satisfy 50% Vacancy Requirement (BIA's Board of Management to confirm, or other satisfactory source)	
6.	Proposed Date of Demolition (if applicable)	