



## Façade Improvement Program Grant Application



PH: 519-842-9200    FX: 519-688-0759

For use by Principal Authority (Town of Tillsonburg)					
Date Received:			Permit/ Application number:		
Application submitted to <u>TOWN OF TILLSONBURG – 10 Lisgar Ave. Tillsonburg, ON. N4G 5A5</u>					
<b>****ALL SECTIONS AND INFORMATION MUST BE COMPLETED IN ORDER FOR US TO PROCESS YOUR APPLICATION****</b>					
<b>A. Project Information</b>					
Building number, street name				Unit number	
TOWN OF TILLSONBURG		Postal code	Existing use(s):		Proposed use(s):
Has the subject property been designed under the Ontario Heritage Act, R.S.O 1990, c. 0.18? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Which facades are to be improved and what is/are the approximate surface area(s)					
<input type="checkbox"/> Front _____ ○ ft <sup>2</sup> / ○ m <sup>2</sup>		<input type="checkbox"/> Rear _____ ○ ft <sup>2</sup> / ○ m <sup>2</sup>		<input type="checkbox"/> Side _____ ○ ft <sup>2</sup> / ○ m <sup>2</sup>	
Please choose the appropriate measure, square feet (ft <sup>2</sup> ) or square metres (m <sup>2</sup> ).					
Description of the proposed façade improvement works:					
<b>B. Applicant is:</b> <input type="checkbox"/> <b>Owner or</b> <input type="checkbox"/> <b>Authorized Agent of Owner</b>					
Last name		First name		Corporation or partnership	
Street address				Unit number	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number (    )		Fax (    )		Cell number (    )	
<b>C: Owner (if different from applicant)</b>					
Last name		First name		Corporation or partnership	
Street address				Unit number	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number (    )		Fax (    )		Cell number (    )	

**Notice of Collection:**

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**D. Quotes**

Name of contractor providing the quote:	Total amount of quote (incl. taxes):
1.	\$
2.	\$

**E. Consultant**

Last name:	First Name:	Corporation or Partnership
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Street Address, Municipality, Postal Code:

Contact Phone Number:	Contact E-Mail:
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Consultant Approval:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**F. Property Owner's Authorization** (to be completed if an agent and/or tenant is used to represent the owner)

I \_\_\_\_\_ being the registered owner of the subject land hereby authorize  
(print name)  
\_\_\_\_\_ to prepare and submit this Application for a Façade Improvement Grant.  
(print name)  
\_\_\_\_\_  
Date Signature of Owner

**G. Declaration of Applicant**

I \_\_\_\_\_ declare that:  
(print name)

1. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.
3. Property taxes in good standing  YES  NO
4. Outstanding work orders on property  YES  NO
5. Existing municipal loan/grant program  YES  NO

The undersigned hereby applies for a Grant in accordance with the application, drawings, specifications and quotes herewith submitted and acknowledges that the proposed work must comply with the provisions of the Building Code Act, the Ontario Building Code, any other statutes or regulations of the Province of Ontario, and all by-laws of the Town of Tillsonburg/Tillsonburg BIA. I certify the truth of all statements or representations contained herein.

I/WE HEARBY AGREE that the program for which application has been made herein is subject to availability of funding, cancellation, and/or change at any time by the Town of Tillsonburg/Tillsonburg BIA in its sole discretion.

I/WE HEARBY AGREE all grants will be calculated and awarded in the sole discretion of the Town of Tillsonburg/Tillsonburg BIA. Notwithstanding any representation by or on behalf of the Town of Tillsonburg/Tillsonburg BIA, 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 Town of Tillsonburg/Tillsonburg BIA 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 the grant.

\_\_\_\_\_  
Date Signature of Applicant

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## Application Eligibility & Submission Guidelines

Please fill out the following checklist in order to accelerate the Application process  
Please refer to the Design and Procedural Guidelines.

Items Required for Complete Application		Notes	
Fully completed application form	<input type="checkbox"/>		
Photographs of existing building	<input type="checkbox"/>		
Details on building materials to be used	<input type="checkbox"/>		
Detailed drawings of planned work	<input type="checkbox"/>		
Details on colours to be used (paint, brick/stone colour, stucco, etc.)	<input type="checkbox"/>		
Architectural detailing	<input type="checkbox"/>		
General renovation details	<input type="checkbox"/>		
Schedule 1: Quotation form completed for each contractor	<input type="checkbox"/>		
Two (2) independent itemized quotes from qualified contractors*	<input type="checkbox"/>		
Additional Items, if Applicable for Approval		N/A	Notes
Window and door type	<input type="checkbox"/>	<input type="checkbox"/>	
Signage	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Awnings	<input type="checkbox"/>	<input type="checkbox"/>	

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