



**COMMUNITY IMPROVEMENT PLAN
FINANCIAL INCENTIVE PROGRAMS
APPLICATION FORM**

GENERAL INSTRUCTIONS

- Prepare 2 copies of each application. Keep one copy for your records.
- Ensure that the application has been signed by the property owner or authorized agent
- Ensure that the application is legible; please print in ink or type information onto form.
- Submit your application in person or by mail to: CIP Coordinator / Planning & Dev. Department
Town of Bracebridge, 1000 Taylor Court, Bracebridge, ON P1L 1R6

Date:

APPLICANT AND AGENT			
Name of Registered Business or Property Owner:			
If Corporation, Name of Signing Officer:			
Mailing Address of Owner:			
City:	Province:	Postal Code	
Telephone: (day)	(mobile)		
Fax:			
Email :			
AGENT INFORMATION			
Name of Agent (if applicable):			
Mailing Address of Agent:			
			Postal Code:
Telephone:	(day)	(mobile)	
Fax:	Email:		
AUTHORIZATION (if applicable)			
If this application is to be signed by an agent or solicitor on behalf of the property owner(s), complete this section. If the property is in joint ownership, each individual signature is required. If the applicant is a corporation, an officer of the corporation shall sign the application and the corporation's seal shall be affixed.			
I (the Owner) hereby authorize my solicitor/agent _____ to act on my behalf in regard to the above application.			
Dated at the _____ this ____ day of _____, _____.			
Location: ie. Town of		Date	Month Year
Owner(s) Signature: _____			



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PROPERTY INFORMATION	
Address of Subject Property:	
	Postal Code:
Legal Description (Lot and Plan No.):	
Roll Number(s):	
Are property taxes for the subject property paid to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there outstanding orders registered against the subject property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any outstanding violations under the Fire Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have CIP grants previously been received from the Town for the subject property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe including total amount of grants:	
Year: _____ Grant/Loan Type: _____ Amount: _____	
INCENTIVE PROGRAM CHECKLIST	
Please place a check next to the program(s) that you are applying for:	
<input type="checkbox"/> Tax Increment Grant (complete Section A)	
<input type="checkbox"/> Façade Improvement Grant/Loan (complete Section B)	
<input type="checkbox"/> Signage Improvement Grant (complete Section C)	
<input type="checkbox"/> Housing Improvement Grant /Loan (complete Section D)	
<input type="checkbox"/> Building Rehabilitation Grant/Loan (complete Section E)	
<input type="checkbox"/> Property Improvement Grant/Loan	



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APPLICATION AGREEMENT

I/We hereby apply for a grant and/or loan under this program and agree to abide by the terms and conditions of the program.

Without limiting any of the foregoing, I/we understand that the grant and/or loan may be reduced or cancelled if the work is not completed as approved, or if the contractors are not paid.

I/We agree to the terms and conditions of the grant and/or loan repayment provisions.

I/We hereby certify that the information given herein is true, correct and complete in every respect and understand that the Town reserves the right to verify any information contained herein.

I/We, the undersigned, agree that the completed improvements are subject to inspection by Town Officials and will be carried out in accordance with the requirements of the grant and/or loan programs, the Building Code, Fire code and other applicable Town of Bracebridge by-laws.

Signature of Registered Property Owner(s): _____ Date: _____

_____ Date: _____

OR

Signature of Authorized Signing Officer of the Corporation: _____

Title: _____

I/We have the authority to bind the corporation.

Witness Signature: _____ Date: _____

Print Name: _____



**COMMUNITY IMPROVEMENT PLAN
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TAX INCREMENT GRANT PROGRAM**

SECTION A: TAX INCREMENT GRANT PROGRAM

Required Attachments:

- A copy of the deed of the subject property.
- A copy of the new tax bill (stamped PAID) after MPAC's revised assessment. (Include any supplemental tax bills received in the period following the new construction).
- Quality photos of the finished development.
- Quality photos of the project before the development. (not applicable if the property was vacant).

Existing Buildings on Property? Yes No

Building 1 <u> </u> Sq. M.	Building 4 <u> </u> Sq. M.
Building 2 <u> </u> Sq. M.	Building 5 <u> </u> Sq. M.
Building 3 <u> </u> Sq. M.	Building 5 <u> </u> Sq. M.

NOTE: Please list any additional buildings on a separate sheet

Size of (Proposed) Building Addition:

Date Building Permit was issued:

Date Building was completed:

Do you anticipate this project creating additional jobs? Yes No

If yes, indicated how many jobs you anticipate creating?

For Office Use Only

Full Year Assessed Value of New Construction on Property: \$

Revised Property Taxes: \$

Revised Municipal Portion: \$

TAX YEAR	AMOUNT OF GRANT	TAX YEAR	AMOUNT OF TAX
1	\$	6	\$
2	\$	7	\$
3	\$	8	\$
4	\$	9	\$
5	\$	10	\$

Building Permit Final	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupancy Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Department Issues		