



**INDUSTRIAL LANDS & RURAL AREAS  
COMMUNITY IMPROVEMENT PLAN  
INCENTIVE PROGRAMS  
APPLICATION FORM**

4800 South Service Road  
Beamsville ON L0R 1B1  
TEL: (905) 563-8205  
FAX: (905) 563-6566

**A. General Information and Instructions**

1. Before filling out this application form, **please read the General Program Requirements and Program Guide(s)** that apply to the program(s) for which you are making application. The Program Guides describes the purpose and basic terms and conditions of each incentive program.
2. Prior to submission of this application form, you must arrange for a pre-application meeting with Staff to discuss and confirm program eligibility, application requirements including supporting documentation, proposed scope of work cost and project timing.
3. If the applicant is not the registered property owner, please ensure that written authorization is obtained by the applicant from the registered property owner to make this application and that said written authorization is completed and signed by the registered property owner as provided in Section C of the application form.
4. If an agent is acting on behalf of the registered property owner in making this application, please ensure that the required authorization is completed and signed by the owner as provided in Section D of the application form.
5. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form.
6. Please attach to this application the required supporting documents as requested by Town Staff. An application will not be considered complete until all required documents have been submitted.
7. Please ensure that the application form is complete and that all required signatures have been supplied.
8. Please print (black or blue ink) or type the information requested on the application form.
9. You may deliver your application in person or send it by mail to:  
  
Town of Lincoln  
Planning and Development Department  
4800 South Service Road  
Beamsville ON L0R 1B1
10. For further information on incentive programs, please contact Planning and Development Staff at 905-563-8205.



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<b>FOR OFFICE USE ONLY</b>	
CN: 3-5-01-05	
Application:	<u>PLCIP</u>
Roll No.:	_____

**-- PLEASE PRINT --**

**B. Owner, Applicant and Agent Information**

Name of Registered Property Owner: \_\_\_\_\_  
 Mailing Address of Property Owner: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
 (If different from Registered Property Owner)

Mailing Address of Applicant: \_\_\_\_\_  
 (If different from Registered Property Owner)

Postal Code: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Mailing Address of Agent: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 Email: \_\_\_\_\_

Name of Solicitor: \_\_\_\_\_

Mailing Address of Solicitor: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**C. Owner's Authorization**

If the person/corporation applying for this grant is not the legal registered owner of the property for which the application is being made, the registered property owner must complete the following affidavit:

I/We \_\_\_\_\_  
(Please Print)

being the registered owner(s) of the land described herein, am (are) aware of the application as requested herein and have no objection to this application being submitted, the completion of feasibility studies and the applicant receiving the grant.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: The application must include original signatures.

**D. Agent Authorization**

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/We \_\_\_\_\_  
(Please Print)

am/are the owner(s) of/applicant(s) for the land that is the subject of this application and hereby authorize my agent \_\_\_\_\_  
(Please Print)

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

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Note: The application must include original signatures.

**E. Property Information**

Municipal Address: \_\_\_\_\_

Lot(s): \_\_\_\_\_ Block(s): \_\_\_\_\_ Reg. Plan \_\_\_\_\_

Lot(s): \_\_\_\_\_ Concession(s): \_\_\_\_\_

Part(s): \_\_\_\_\_ Reference Plan(s): \_\_\_\_\_

Assessment Roll Nos: \_\_\_\_\_

Existing Uses of the Property: \_\_\_\_\_

Size of the Property: \_\_\_\_\_ hectares

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

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

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

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

(Please list all additional buildings on a separate sheet)

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

Is this property in tax arrears? Yes  No

If so, specify the amount of the tax arrears: \$ \_\_\_\_\_

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

**F. Other Sources of Government Funds**

Have you applied for or been approved for any other sources of government funding? (includes 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 \_\_\_\_\_

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

\$	
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**G. Application Type**

(a) Please place a check mark in the box below beside each incentive program for which you are applying. Then please complete the appropriate information section for each incentive program for which you are applying.

- Industrial & Rural Areas Development Charge Reduction Grant Program (complete Section H)
- Industrial and Rural Areas Revitalization (Tax Increment) Grant Program (complete Section I)
- Rural Areas Building Restoration, Renovation and Improvement Grant Program (complete Section J)
- Rural Areas Planning Application Fees Grant Program (complete Section K)
- Rural Areas Signage and Landscaping Improvement Grant Program (complete Section L)

**NOTE: IF YOU ARE APPLYING FOR ANY OF THE PROGRAMS IN SECTIONS H, I or J YOU MUST ALSO COMPLETE THE FOLLOWING SECTION:**

(b) Below please describe the proposed rehabilitation, redevelopment, or works to take place on the site that are eligible for the grant, including building and size/type, building height, construction materials, etc.

Include the following information (as applicable) in your description:

- (i) Square footage of space to be renovated or constructed;
- (ii) Number of new businesses anticipated to occupy the space 1 year after completion;
- (iii) Number of new jobs created and/or number of existing jobs maintained (please specify);
- (iv) Estimated assessment value of land and buildings after project completion (For Sections H & I only); and,
- (v) Details of primary construction lending (if any).

***(Please attach site plan/survey and detailed architectural/design and/or construction drawings).***


**H. Industrial & Rural Areas Development Charge Reduction Grant Programs**

Please complete the following section **ONLY** if you are applying for the Development Charge Reduction Grant Program.

**(a) Construction Schedule**

Construction of all works must be completed within 2 years of grant approval.

Approximate Start Date of Construction (Month/Year) 

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Approximate End Date of Construction (Month/Year) 

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**I. Industrial & Rural Areas Revitalization (Tax Increment) Grant Program**

Please complete the following section **ONLY** if you are applying for the Revitalization (Tax Increment) Grant Program.

**(a) Cost Summary – Eligible Rehabilitation/Redevelopment Works** (please attach cost estimate prepared by a bonafide contractor for work to be performed).

Type of Improvement/Construction	Cost Estimate (\$)
(i) Eligible Works (excluding HST) - insert cost estimate	\$ <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
(ii) Other sources of government funding? (includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc.)	\$ <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
(iii) Total Eligible Costs (i - ii)	\$ <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>

**(b) Construction Schedule**

Construction of all works must be completed within 3 years of grant approval.

Approximate Start Date of Construction (Month/Year) 

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Approximate End Date of Construction (Month/Year) 

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**J. Rural Areas Building Restoration, Renovation and Improvement Grant Program**

Please complete the following section **ONLY** if you are applying for the Rural Areas Building Restoration, Renovation and Improvement Grant Program.

**(a) Cost Summary – Eligible Building Restoration, Renovation and Improvement Works** (please attach 2 detailed cost estimates from bonafide contractors for work to be performed).

Type of Improvement/Construction	Cost Estimate (\$)
(i) Eligible Building Restoration, Renovation and Improvement Works (excluding HST) - insert lowest cost estimate	\$ <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>



- (i) Lowest Cost Estimate (excluding HST) for eligible works \$
- (ii) Other sources of government funding? (Includes Federal, Provincial, Municipal, Municipal Heritage Committee, CMHC, FCM, etc.) \$
- (iii) Total Eligible Costs (i-ii) \$
- (iv) Amount of Grant Applied For: 0.5 times item (iii) above to permitted maximum identified in the Program Guide \$

**(b) Construction Schedule**

Construction of all works must be completed within 1 year of grant approval.

Approximate Start Date of Construction (Month/Year)

Approximate End Date of Construction (Month/Year)

**M. Sworn Declaration**

I/WE HEREBY APPLY for the grant (s) as indicated in this application form.

I/WE HEREBY AGREE to abide by the terms and conditions of the grant program(s).

I/WE HEREBY AGREE to enter into an agreement(s) with the Town that specifies the terms and conditions of the grant(s) and abide by the terms and conditions of said agreement(s).

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 Town 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 Town, 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 payment of the grant(s) may be delayed, reduced, cancelled or repayment may be required.

I/WE HEREBY AGREE that payment of the grant(s) incentive 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 incentive programs for which application has been made herein are subject to cancellation and/or change at any time by the Town 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 a grant agreement(s) with the Town will continue to receive their grant(s), subject to meeting the conditions in their grant agreement(s).

I/WE HEREBY AGREE that all grants will be calculated and awarded in the sole discretion of the Town. Notwithstanding any representation by or on behalf of the Town, or any statement contained in the incentive program, no right to any grant(s) arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the program(s) and the corresponding grant agreement(s). The Town 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(s).

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(Town/City of...) Day Month Year

\_\_\_\_\_  
Name of Owner/Applicant or Authorized Agent      Signature of Owner/Applicant or Authorized Agent