



**MIXED USE AND RESIDENTIAL  
INTENSIFICATION CIP  
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. The applicant must be the registered property owner.
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 C 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.



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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. 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.

**D. 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

**E. 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 \_\_\_\_\_ \$ \_\_\_\_\_

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

**F. Application Type**

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.

Development Charge Reduction Grant Program

Tax Increment Grant Program






**(c) If at least 20% of the residential units to be constructed are affordable, please use the table below to indicate the unit type, projected rental rates or sale prices per unit and per square foot for the units that are to be affordable.**

Unit Type	Number of Units of this type that are affordable	Rental Rate (\$) per month	Rental Rate (\$) per sq.ft.	Sale Price (\$) per unit	Sale Price (\$) per sq.ft.
Bachelor					
1 Bedroom					
2 Bedroom					
3 Bedroom					
4 Bedroom or more					

**(d) Construction Schedule**

Construction of all works must be completed within three years of grant approval unless a greater time frame is approved by the Town.

Approximate Start Date of Construction (Month/Year)

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Approximate End Date of Construction (Month/Year)

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**H. 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