



Community Improvement Plan

*The Corporation of
The Township of Cramahe*

APPLICATION PACKAGE

FOR
PROPERTY TAX INCREMENT EQUIVALENT GRANT
PROGRAM



TOWNSHIP OF CRAMAHE

P.O. Box 357, 1 Toronto Street
Colborne, Ontario. K0K 1S0
Phone: 905-355-2821
Fax: 905-355-3430

COMMUNITY IMPROVEMENT PLAN PROPERTY TAX INCREMENT EQUIVALENT GRANT PROGRAM APPLICATION FORM

Application Number (assigned by staff):	
Date Application Received:	

APPLICANT INFORMATION

Property Address:	
Apartment(s):	
Property Owner:	
Name of Tenant:	
Name of Business:	
Mailing Address:	
City/Postal Code:	
Telephone Number:	
Fax Number:	
Cell Phone Number:	

PROPERTY INFORMATION

Register Plan Number:	
Lot Number:	
Assessment Roll Number:	

The personal information on this form is collected under the legal authority of the Planning Act, Section 28. The personal information will be used for determining your eligibility for a grant. If you have any questions about the collection of information, please contact the Clerk-Administrator at (905) 355-2821.

SIGNATURE OF OWNER
AFFIDAVIT OR SWORN DECLARATION
DATE OF APPLICATION SUBMISSION

I, _____ of the _____

make oath and say or solemnly declare that the information contained in this application is true, and that the information contained in the documents that accompany this application is true.

Sworn (or declared) before me at the _____

in the _____

this _____ day of _____, 200__

A Commissioner, etc.

Applicant's Signature

CONSENT OF THE OWNER

Complete the consent of the owner concerning personal information set out below.

**CONSENT OF THE OWNER TO THE USE AND
DISCLOSURE OF PERSONAL INFORMATION**

I, _____, am the owner of the land that is the subject of this application and for the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application.

Name of Owner (please print)

Signature of Owner

Date

Owner's Contact Information:

Mailing Address: _____

City: _____

Postal Code: _____

Telephone (Home)

Telephone (Business)

Cell Phone

Fax



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NOTICE OF COMPLETION

I _____, hereby certify that all work has been completed as per my application for Community Improvement Plan Residential Conversion and Rehabilitation Grant Program and all paid invoices have been submitted.

Signature (Owner/Applicant)

Date

I, Christie Alexander, Clerk of the Township of Cramahe hereby certify that the Community Improvement Plan Residential Conversion and Rehabilitation Grant Program application is complete to the Township's Economic Development Advisory Committee's satisfaction.

Signature of Clerk

Date



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COMMUNITY IMPROVEMENT PLAN PROPERTY TAX INCREMENT EQUIVALENT GRANT PROGRAM TERMS AND CONDITIONS

PURPOSE OF GRANT

The goals of Cramahe Township's Community Improvement Plan Tax Equivalent Grant Program are to encourage building owners to rehabilitate commercial, or commercial residential buildings.

This is a grant program, which means that the applicant pays for the taxes and the Township provides a grant for the equivalent of the Township portion of the Property Tax increase as a result of a Municipal Property Assessment Corporation re-assessment of a property value as a direct result of improvements made to the building under the Community Improvement Plan Program. The grant will be effective for the first three years following the date of the increase in the assessed value. Following the three years, the applicant will pay 100% of the Property Tax Assessment and the Township ceases to grant back any and all taxes paid.. This grant is for the Township portion of the increase only, and does not cover annual increases due to a general tax increase or decrease.

To be eligible for the grant program the applicant must be the registered owner of the subject property and must be current with their property taxes.

Grant allocations are made subject to Council approval.

MUNICIPAL FREEDON OF INFORMATION AND PROTECTION OF PRIVACY ACT

The Township may promote the program in partnership with the Economic Development Advisory Committee and reserves the right to use approved and funded projects as examples in promotional programming. The Township may promote an approved project by using photographs and descriptions of the project in promotional materials.

PAYMENT OF THE GRANT

Grants which have been approved will be disbursed by cheque made payable to the owner following full payment of all taxes owing.

COMMITTEE REVIEW PROCESS

The Economic Development Advisory Committee will review the application and will make its recommendation within 45 days. The total grant amounts for each year are limited so the grants will be awarded on a first-come, first served basis and will be limited to one application per registered property owner per fiscal year.

Applications will be reviewed and selected based on their compatibility with the visions and goals of the Township of Cramahe Economic Development Advisory Committee and their impact on the downtown.

LIMITATIONS OF LIABILITY AND INDEMNIFICATION, FURTHER CONDITIONS

Township staff, officers and agents shall be saved harmless arising out of any actions or approvals granted, or any building code infractions associated with the completed work.

The Township shall be entitled to at any time to impose such additional terms and conditions on the use of the grant, which, in its sole discretion, it deems appropriate.