Municipality of Wawa

DOWNTOWN COMMUNITY CIP GRANTS

Financial Incentive Application Form

Submission Checklist Pre-Submission Consultation with Municipal Staff Prior to submission of this application form, arrange for pre-submission consultation with staff to discuss and confirm program eligibility and application requirements, including supporting documentation, proposed scope of work, cost and project timing. ○ Completed Application Form Application must be complete, all required signatures have been provided and all required supporting documentation submitted. Failure to do so may result in refusal of the Municipality to accept the application as complete and/or application processing delays. Written Authorization If an agent acting on behalf of the property owner is submitting this application, please ensure that written authorization is obtained by the applicant from the property owner to make this application, and that the owner completes and signs the required authorization in Part 1 of the form. Please also indicate to whom payment of grants should be made. O Drawings/Photos of the Property Attach photos of the current conditions of the building for which you are submitting an application, as well as drawings showing proposed changes (plans, drawings, ...) Cost Estimates/Quotations Attach quotations from licensed contractors, including a detailed breakdown of costs, and any costs for materials, equipment to be claimed. Application Submission Submit your application to the Municipality either in-person or by email:

In-Person:

EDO, Municipality of Wawa, 40 Broadway Ave., Wawa, Ontario

Email: edo@wawa.cc **Phone:** 706-856-2244 ex 222

Instructions:

- If the space provided is insufficient to respond to the question, please provide additional information on a separate page, clearly marked as to the subject question and attached to the application form.
- Please attach financial quotes, drawings or other required information.
- Application must be signed by the property owner or authorized agent.
- Keep a copy of the application for your records.

Rec	iste	red C)wner:
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Property Owner Name:	
Property Address:	Owner Address (if different)
Postal Code:	
Phone:	
Email:	
Authorized Agent (if applicant is not the Agent/Applicant Name:	Registered Property Owner)
Address:	
Postal Code:	
Phone:	
Email:	
Who is the primary contact?	○ Registered Owner ○ Agent/Applicant

Note:

If the applicant is not the Registered Property Owner, please ensure that the required authorization is completed and signed by the Registered Property Owner as provided in this application form. In absence of the Authorization of Owner, no further consideration of the application will be made.

Subject Property

oubject i roperty		
Municipal Address:		
Legal Description:		
Brief description of current use of subject pr	operty:	
Are property taxes for the subject property in	arrears?	⊖Yes ⊝No
Are there any outstanding orders registered a	against the subject prop	erty? OYes ONo
Are there any outstanding violations under th	e Fire Code?	⊖Yes ⊝No
Are any easements, restrictive covenants, rig agreements affecting the subject property?	Jht-of-way, or other regis	stered OYes ONo
Has an application for planning approval and any additional required permits, related to the works been submitted to date?		⊜Yes ⊝No
If yes, have any of these approvals or author	izations been received?	Yes (No
Approximate Construction Start Date:		
Approximate Construction End Date:		
Please describe the proposed construction proportion for the community. Please attach additional proportions of the community of the community.		ents an improvement

Have grants previously been received from the Municipality for the subject property? Yes No		
If yes, please describe, including the total amounts of grants and dates received:		
Are any other approvals required in relation Plan Amendment, Zoning By-Law Amend application, Building Permit, or Demolition Po	lment, minor variance, Site Plan Control	
Yes No		
If you answered Yes to the question above, please list the required approvals for the project using the space below. Please indicate the status of the approvals (for example, "application submitted", "not submitted", or "approval received").		
Required Approvals		
Program Checklist		
Please place a checkmark next to the program(s) that you are applying for. Specific details and eligibility information for each program are available within the full CIP documents.		
Residential/Office Rehabilitation and Con	version Grant – Upper Storey(s)	
Building Activation Grant for Vacant Spaces		
Building Façade and Signage Improvement Grant		
OPlanning and Building Fee Grant		
◯ Tax Increment Equivalent Grant (TIEG)		

Please fill out the following sections with regard to the program(s) you are applying for. **Description of Application** (provide details below) While original drawings/plans may vary in size, one copy of the drawings shall be provided on 11x17 inch paper, with all notations and legends clearly visible. Additionally, the Municipality appreciates the information in digital format, if available. All documents shall form part of the application.

Other General Application Questions

Have you discussed your application with staff in a pre- consultation meeting?	○ Yes	○ No
2. What is the current state of the property and any building on site?	○Va	cant
If other, please explain:	○ Oc	ccupied
	○ Ot	her
3.1 Are you adding or rehabilitating residential units?	⊖Yes	○ No
If yes:		
a) are you creating a new residential unit(s)?	⊖Yes	○ No
b) are you creating new units in existing vacant space?	⊖Yes	○ No
c) are you bringing occupied residential units up to Code?	⊖Yes	○No
d) are you creating new residential units through the	⊖Yes	○ No
addition of new building space?		_
e) are you demolishing a part of an existing building to create a new residential units?	⊖Yes	○ No
3.2 How many residential units are being added?		
4. If you are applying for the Building Façade and Signage	○ Front fag	çade
Program, please specify to which part of the building you	◯ Side faç	ade(s)
are making improvements.	○ Rear faç	ade
5. Estimated total construction cost for the residential project:		
6. Estimated total construction cost for the façade/sign improvement:		

7. Estimated total design and other profession costs:	
8. Total amount of grant funding sought from the	
Municipality:	
mamorpanty.	
9. Have grants been previously received from the	
Provincial or Federal Governments for the subject	
property? Please describe, including the total amount of	
, ,	
grants:	

Project Costs

Please detail all eligible project costs (in \$CDN) using the following table. The estimated project costs should be based on quotes from contractors and vendors. Applicants are generally required to obtain at least two (2) quotes for comparison purposes.

Project Item Description	Estimated Cost	Copy of quote attached?
Example: Replacement of storefront sign	\$ 1,500 from Signs Inc.	
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
TOTAL:	\$	

Supporting Materials

Please complete the following table.

Required Attachments to Application	Completed and Attached
	Please check
Photographs of the existing building or property condition	0
Historical photographs if available	0
Professional or conceptual drawings and/or plans, including drawings or plans prepared by a professional	0
A site plan and/or landscape plan	0
Specifications of the proposed works, including a work plan for the improvements	0
Two (2) cost estimates for eligible works and/or materials	0
Any other documents, information and materials as may be required by specific Financial Incentive Programs	0
Other required materials (Municipality to specify at pre-application consultation meeting) listed here	0

Please submit your application and contact:

Economic Development Officer
Municipality of Wawa
40 Broadway Avenue, P.O. Box 500
Wawa, ON P0S 1K0
Phone: 705-856-2244 ext. 222

Email: edo@wawa.cc

Authorization of Owner

• •	e owner of the subject lands, please complete the owner authorization ormation as set out below.
I/we,	, am/are the owner of the subject lands, and I/we authorize to act on my/our behalf as the agent for the submissions
•	relating to the subject lands and to provide any of my personal information that pplication or collected during the planning process.
Date:	
Signature of Owner(s):	

Affidavit or Sworn Declaration	
I, (name of	Applicant) of
(town/city), in the Province of Ontario, make oath Municipal of Wawa Downtown Community Improver	and swear that I have read the provisions of the ment Program (CIP) for which this application is being in this application and documents contained within
Sworn before me at in the District of Algoma, in the Province of Ontario, this day of, (Commissioner for Oaths or Notary Public)	(Signature of person attesting)