

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

### A. General Information and Instructions

- 1. Before filling out this application form, please read the Heritage Restoration and Improvement Grant Program Requirements and Program Guide that apply to the program for which you are making application. The Program Guide describes the purpose and basic terms and conditions of the 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 LOR 1B1

10. For further information regarding incentive programs, please contact Planning and Development Staff.



Email: \_\_\_\_

I/We

Mailing Address of Solicitor:

### HERITAGE RESTORATION AND IMPROVEMENT GRANT PROGRAM **APPLICATION FORM**

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	FOR OFFICE USE ONLY CN: 3-5-01-05 Application: Roll No.:
PLEASE PRINT	
B. Owner, Applicant and Agent Informat	tion
Name of Registered Property Owner: Mailing Address of Property Owner: Postal Code:Tel: ( )	<del>-</del>
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: ( )	
Email:	
Name of Solicitor:	

#### 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:

(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

Postal Code: \_\_\_\_\_Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

completion of feasibility studies and the	applicant receiving the grant.
Date:	Signature:
Date:	Signature:

Note: The application must include original signatures.



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### 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	(5)			
am/are the o	(Please wner(s) of/applicant(s) for the l	•	of this application and	
	rize my agent	·		
to make this	Please application and act on my behal		tion.	
Date:	Signature			
Date:	Signature			
Note: The ap	oplication must include original s	signatures.		
E. Property	y Information			
Municipal Add	ress:			
Lot(s):	Block(s):	Reg. Plan		
Lot(s):	Concession(s):			
Part(s):	Reference Plan(s	s):		
Assessment F	Roll Nos:			
Existing Uses	of the Property:			
Size of the Pro	operty:	hectares		
Existing Buildi	ngs on the Property? Yes	No If yes, spe	cify building size below	
Building 1		sq. m.		
Building 2		sq. m.		
Building 3		sq. m.		
(Please list all	additional buildings on a separa	_ ate sheet)		
Is the property	v designated under Part IV of the	e Ontario Heritage Act?	Yes No	
Is this property	y in tax arrears?		Yes No	
If so, specify t	he amount of the tax arrears:		\$	
Are there any	outstanding work orders on this	s property?	Yes No	



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### F. Other Sources of Government Funds

Have you applied for or been approved for any other solution (includes Federal, Provincial, Municipal, Municipal Federation of Canadian Municipalities, etc.)	
Yes No	
If yes, please list other sources and amounts of governr	ment funding:
Program	\$
Program	\$
G. Project Description	
Approximate date of Construction: Commencement:_	
	M/D/Y M/D/Y



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#### H. Sworn Declaration

I/WE HEREBY APPLY for a grant under the Heritage Restoration and Improvement Grant Program.

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

I/WE HEREBY AGREE to enter into a grant agreement with the Town of Lincoln that specifies the terms of the grant.

I/WE HEREBY AGREE to abide by the terms and conditions of the grant agreement and understand that a grant agreement for the grant amount shall be registered against the title of the property prior to the Town releasing the funds.

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 of Lincoln by such inquiry, as it deems appropriate, including inspection of the property for which the application is being made.

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 the grant may be delayed, reduced or cancelled.

I/WE HEEBY GRANT permission to the Town or its agents, to inspect my/our property that is the subject of this application.

I/WE HEREBY AGREE that the grant 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 the program for which application has been made herein is 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 the program whose application has been approved and who has entered into a grant agreement with the Town of Lincoln will continue to receive their grant, subject to their grant agreement.

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

Dated at the		, this		of		,	
	(Town/City of)	-	Day		Month	Year	
Name of Owr	ner/Applicant or Authorized	Agent		Signature Authorized		Owner/Applicant	or

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