



Community Improvement Plan

Application Form

Registration of Intent to Utilize Programs

For further information please contact:

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Municipality of Central Manitoulin
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1. Applicant Information

Registered Property Owner

Name: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ Email: _____

Applicant (if different from Registered Property Owner)

Name: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ Email: _____

Is this a joint application? Yes No



If yes, please provide the names of all applicants (e.g. other landowners, developers, etc.):

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Have you (or your co-applicants) previously received a grant or other financial assistance from the Municipality of Central Manitoulin?

Yes No

If yes, please provide details below (e.g. file number(s), reference number(s), etc.):

2. Representation by Agent of Applicant

If this application is to be signed by an agent or solicitor on behalf of an applicant(s), please complete this section. If the applicant is a corporation, an officer of the corporation shall sign the application and the corporation's seal shall be affixed.

I, _____ hereby authorize my agent/solicitor, to act on my behalf
(The applicant)

in regard to the above application.

Dated at _____ of _____ this _____ day of _____, _____
(City, Town, etc.) (Month) (Year)



Contact Information for Agent/Solicitor

Name of Agent/Solicitor: _____

Company/Firm: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ Email: _____

3. Property Information

Municipal address of property for which application is being made (please include an Ontario Land Survey (OLS) if available):

Legal description of property (refer to tax bill for information):

Lot No: _____ Plan No: _____ Roll No: _____

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Description of property (e.g. current use, approximate size, etc.):

4. Evidence of Site Contamination

Please provide a description of the nature of actual or suspected environmental contamination on the property (if available, please attach available reports/documentation – e.g. Phase I ESA):



5. Description of Proposed Property Improvements

Type of use: _____

Total number of new residential units: _____
and/or

Gross floor area of non-residential structures: _____

6. Incentive Programs

Please check off the incentives for which this registration of intent applies:

BROWNFIELDS PROGRAMS	
Program 1: Façade, Landscape and Signage Improvement Grant Program	
Program 2: Building, Restoration, Renovation and Improvement Program	
Program 3: Planning Fees Related Grant Program	
Program 4: Tax-based Redevelopment Grant (TIG) Program	



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7. Covenant and Non-Assignment of Rights

I/We hereby register an intent to seek assistance under the programs specified and agree to abide by the terms and conditions of the programs as established by the Municipality of Central Manitoulin.

I/We hereby certify that the information given herein is true, correct and complete in every respect and understand that the Municipality of Central Manitoulin reserves the right to verify any information contained herein.

I/We have the authority to bind the company: _____

Signature of Applicant(s): _____ Date: _____
Or Authorized Signing Officer of Corporation

Title: _____

Print Name: _____

Notes:

Personal information contained on this form and attached documents is collected pursuant to the Freedom of Information and Protection of Privacy Act and the Federal Personal Information Protection and Electronic Documents Act, and will be used for the purpose of processing your application. Questions should be directed to the Municipality of Central Manitoulin, Clerks Office.

This registration of intent does not confer upon the applicant the right to commence property improvements which have not been approved at the time of application under the Planning Act or other regulatory control. The Municipality of Central Manitoulin reserves the right, in its absolute and sole discretion, to approve, in part or in whole, any application for funding assistance, reject any or all such applications, seek clarification and additional information from applicants or their agents as required, and add to, adjust or terminate the programs of assistance as may be desirable from time to time.

Note: Option to add Part B