



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church St.
St. Catharines, ON L2R 7C2
Tel: 905. 688. 5600
Fax: 905.682.3631
TTY: 905.688.4TTY (4889)

Planning Services

Community Improvement Plan (2020CIP)

APPLICATION FOR:

DOWNTOWN FORGIVABLE LOAN PROGRAM (DFLP)

1. Before applying, it is essential that you read the [Guidelines for the Downtown Forgivable Loan Program \(DFLP\)](#). The Program Guidelines contain important information regarding Minimum Application Submission Requirements, Minimum Program Eligibility, Criteria, Process and Timelines.
2. Please ensure that all of the required information and submission materials are provided to ensure it is a Complete Application. Any application which is incomplete will not be processed.
3. Please type or print legibly the requested information on the Application form.

PART A: APPLICATION INFORMATION

1. Has the Applicant discussed/ reviewed the proposed project with a member of Planning Services staff.

Staff Member Name

Date of Review
(DD/MM/YYYY)

2. Application Type

An application is being made for the construction of: (add # of proposed new units)

Proposed Residential Units	Unit Type
	Not barrier-free
	Barrier-free (per Division B, Section 3.8 of the Ontario Building Code)

3. Minimum Application Submission Requirements

Please confirm that the following minimum submission materials are included and attached with the application (check✓ box):

- Copy of Building Permit plans approved by the Chief Building Official
- Detailed estimate of Total and Eligible Project Costs
- Current Pictures of proposed building area to be converted to residential
- Detailed information about the proposed building area to be converted, including current and past use(s)
- Declaration of other Incentives.
- Declaration of No Arrears

Are there any outstanding taxes, work orders or other charges on this property? If yes, please identify in the table below. (Please attach copies of existing work orders or enforcement notices to this application, if applicable.)

	No	Yes
Property Taxes		
Fire Code		
Ontario Building Code		
Property Standards		
Zoning By-law		
Other: _____		

If constructing a barrier-free dwelling unit, please confirm that the following **additional** submission materials are included and attached with the application (check✓ box):

- If applicable, details of all proposed eligible Barrier-Free features beyond OBC requirements identified in Schedule 2 (e.g., product specifications).

4. Other Applications

i) Identify if there are any other current applications on the subject property.
(official plan/ zoning by-law amendment; consent; minor variance; site plan)

ii) Is an application also being made for other city / agency project incentives. yes no
If yes, specify name of provider and value of incentive

iii) If yes, specify eligible DFLP project costs that are being funded by other incentive(s):

PART B: OWNER, APPLICANT INFORMATION

1. Registered Property Owner(s)

Name(s) _____

Address(es) _____

Phone _____

Fax _____

Email Address _____

Signature _____

Date (DD/MM/YYYY) _____

2. Applicant

Name _____

Address _____

Title
(owner, president, agent, etc.) _____

Phone _____

Fax _____

Email Address _____

Signature _____

Date (DD/MM/YYYY) _____

IF THE APPLICANT IS NOT THE OWNER, ITEM # 3 BELOW MUST BE COMPLETED

3. AUTHORIZATION (Must be filled in if the applicant and/or agent is not the registered owner of the land) *PLEASE PRINT*

I/We _____

hereby authorize and direct _____

to make this application on the property known municipally as _____
for which I am/we are the registered owner(s).

Witness

Signature

Date

Address

4. MORTGAGES, CHARGES, AND OTHER ENCUMBRANCES

List the names and addresses of all mortgages, holders of charges or other encumbrances with respect to the subject land(s)

PART C: PROPERTY INFORMATION

1. **Address of Subject Property** (must be located within 2020CIP Downtown Priority Neighbourhood)

2. **Legal Description of Subject Property** (lot number, registered plan number, reference plan, etc.)

3. **Property Size** _____ Hectares

4. **Existing Official Plan designation**

5. **Existing Zoning By-law classification**

6. **Description of Existing Building** (number of storeys, number of units, current uses on all floors, number of vehicle and bicycle parking spaces)

7. **Description of Vacant Unit(s) to be Converted** (History of vacant unit(s), including past uses, when it became unoccupied, condition of the unit, current use (e.g. storage). If available, provide utility records, tenancy documentation etc. to provide historical information about the vacant unit.)

PART D: PROJECT INFORMATION

- 1. Description of Proposed Project** (number and location of new residential units, number and location of barrier-free units if applicable, number and location of non-residential units, bicycle and/or vehicle parking if applicable, other changes to site/building/units/uses if proposed)

- 2. Description of Proposed Barrier-Free Features** (If proposed, discuss how the barrier-free unit(s) meets Division B, Section 3.8 of the Ontario Building Code. If applicable, discuss all proposed barrier-free features beyond OBC requirements.)

PART E: PROJECT SCHEDULE / PROJECT COSTS

Provide Estimated Project Timeline, Total Project Costs and Eligible Project Costs:

Start Date (month, year) _____

Completion Date (month, year) _____

Total Project Costs (\$) _____

Eligible Project Costs (\$) _____

PART F: ACKNOWLEDGEMENT / AUTHORIZATION/ DECLARATION

Acknowledgement

I, _____ as the Owner of the land that is the subject of this
(Name of Owner – printed)

application, acknowledge that **I DO** / **I DO NOT** have a pecuniary interest in the Costs as is required and provided with this application (check✓ appropriate box).

Declaration

I, _____ of the Municipality of _____,
(Name of applicant - printed)

solemnly declare that:

All statements contained in this application are true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Declared before me at the _____)

of _____)

Signature

in the _____)

of _____)

this _____ day of _____ 20____)

A Commissioner