



Planning and Economic Development Department
 Urban Renewal Section
 71 Main Street West, 7th Floor
 Hamilton, Ontario, L8P 4Y5
 Phone: (905) 546-2424 Ext. 2755
 Fax: (905) 546-2693

\$259.90 Administration Fee for grants less than or equal to \$12,500
\$887.05 Administration Fee for grants greater than \$12,500
to accompany application

NOTE: IF THE PROPERTY ASSESSMENT IS UNDER APPEAL, AN APPLICATION WILL NOT BE ACCEPTED

**BARTON / KENILWORTH TAX INCREMENT GRANT
 PROGRAM APPLICATION FORM**

APPLICANT/AGENT INFORMATION			
Company Name:			
Contact Name:			
Address:			
City and Postal Code:			
Telephone:		Fax:	
Cell Phone:			
Email:			
Date of Incorporation/ Registration of Business:			
Names of Registered Shareholder/Partners (Include Percentages of Ownership):			
Are you or any of the Directors/Shareholders/Partners in Litigation with the City of Hamilton?			

PERSONAL (TO BE COMPLETED IF PROPERTY OWNED PERSONALLY)

Applicant's Name:			
Address:			
Telephone		Fax:	
Cell Phone:			
Email:			

PROPERTY INFORMATION

Property Address(es), Assessment Roll Number(s), and Current Use of Property/Properties:	
Proposed Use of Property:	
Description of Proposed Development/Redevelopment:	
Estimate of work to be Performed: (if available attach supporting documentation)	

Will a Plan of Condominium be Registered? **NOTE: IF YOU APPLY FOR THE PROGRAM CONFIRMING THAT THE PROJECT WILL BE A CONDOMINIUM IT WILL BE FORWARDED TO CITY COUNCIL AS A CONDOMINIUM PROJECT. IF, ONCE THE PROJECT IS COMPLETE, CONDOMINIUM REGISTRATION DOES NOT TAKE PLACE, THE GRANT WILL BE CANCELLED.**

If yes, please provide the anticipated sale prices for the units. For mixed-use developments, please separate between the Residential and Non-Residential units (Retail, Office, etc.). Also, if applicable, identify the anticipated sale price for each parking space.

WILL YOU ASSIGN THE GRANT TO THE FIRST PURCHASER OF EACH CONDOMINIUM UNIT?

If a Plan of Condominium will not be registered, please provide the number of units, gross leasable area and anticipated rent for each. For mixed-use developments, please separate between the Residential and Non-Residential units. (Retail, Office, etc.). Where both Office and Retail exist, please further separate between both.

Please attach supporting documentation for the aforementioned (Price list, Pro-forma, Appraisal, etc.)

Proposed Demolition Date (if applicable):

Legal Description of Property:

CRIMINAL OFFENCE:

Have you been convicted of any criminal offence for which you have not been granted a record suspension or pardon? Yes No

For applicants that are Corporations, this question must be answered for all principals of the Corporation.

Please note that if the answer is “**yes**”, submission of a criminal conviction record check may be required.

SIGNATURE OF OWNER/AUTHORIZED AGENT CERTIFICATION
DATE OF APPLICATION SUBMISSION AND PERMISSION TO UTILIZE
PHOTOGRAPHS OF THE PROPERTY IN THE CITY OF HAMILTON'S
PROMOTIONAL MATERIAL

I, _____, certify that answers and information I have provided in this application are true and complete, including my answer to the question of whether or not I (or the principal(s) of the Corporation) have been convicted of any criminal offence for which a record suspension or pardon has not been granted.

I also give permission to the City of Hamilton to utilize photographs of the property in the City of Hamilton's promotional material.

Applicant's Signature

Date

If the applicant is not the owner of the land that is the subject to this application, written authorization of the Owner that the applicant is authorized to make the application must be included in this application.

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 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. I also give permission to the City of Hamilton to utilize photographs of the property/project in their promotional material.

Name of Owner (please print)

Signature of Owner

Date

Owner's Information:	
Mailing Address:	
City:	
Postal Code:	
Telephone (H):	
Telephone (B):	
Cell Phone:	
Fax:	
If Corporation or Partnership Name of Registered Shareholders/Partners and percentages of ownership)	
<p>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, please contact the Co-ordinator of Urban Renewal Incentives, Urban Renewal Section, City of Hamilton Planning and Economic Development Department, 71 Main Street West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2424 x2755.</p>	