



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

\$96.05 Application Fee to accompany Application

**BARTON / KENILWORTH PLANNING AND BUILDING
 FEE REBATE PROGRAM
 APPLICATION FORM**

APPLICANT/AGENT INFORMATION

Company Name:			
Contact Name:			
Address:			
City & Postal Code:		Fax:	
Telephone:			
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 FOR REBATE PROGRAM

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)	
Are you in litigation with the City of Hamilton?	
Legal Description of Property:	

PLEASE IDENTIFY THE APPLICATION FEE(S) YOU ARE REQUESTING A REBATE FOR:
For each section please identify the date of application, the date of approval and attach a copy of your receipt for the application fee (Provide Application File #'s if known):

Planning Fees: Committee of Adjustment Minor Variance Approval (Complex or Routine)	
Planning Fees: Site Plan Control Application (major or minor) only after issuance of Building Permit:	
Building Fees: Minimum Permit Fee:	

Building Fees: Assembly Occupancies:	
Building Fees: Residential Occupancies (excluding hotels and motels):	
Building Fees: Business and Person Services:	
Building Fees: Mercantile (Retail – Finished Only):	
Building Fees: Industrial (excluding parking garages and gas stations):	
Building Fees: Mechanical systems (commercial cooking exhaust system):	
Building Fees: Signs:	

OTHER INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)

Addresses of other properties in the City of Hamilton Boundary owned by the Applicant. If the application is from a Partnership or Corporation include addresses of properties owned by the Partnership or Corporation.

Note: **This information is being collected to determine if there are any outstanding taxes owed to the City of Hamilton.**

Applicant/ Partnership/ Corporation Name	Street Number and Name	City (i.e. Hamilton, Stoney Creek, Waterdown, Dundas, Binbrook)

**SIGNATURE OF OWNER/AUTHORIZED AGENT
AFFIDAVIT OR SWORN DECLARATION
DATE OF APPLICATION SUBMISSION AND PERMISSION TO THE CITY OF
HAMILTON TO UTILIZE PHOTOGRAPHS OF THE PROJECT/PROPERTY IN THEIR
PROMOTIONAL MATERIAL**

I, _____ solemnly declare that the information contained in this application is true, and that the information contained in the documents that accompany this application is true. I also give permission to the City of Hamilton to utilize photographs of the project/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>	