Township of Wellington North



7490 Sideroad 7 West, Kenilworth, ON N0G 2EO Phone: 519-848-3620 www.wellington -north.com

Financial Incentive Programs Application Form

The following seven incentive programs have been approved by council to encourage investment into privately owned lands and buildings. They are focused towards the key priorities as identified in our Strategic Plan and supported through our Community Growth Plan and Community Improvement Plan.

For specific terms and conditions and to determine eligibility requirements please review the incentive programs terms and conditions found in the Community Improvement Plan located on the Township of Wellington North web-site. For current limits and to obtain any clarification please contact Robyn Mulder Economic Development Officer at rmulder@wellington-north.com.

	FINA	NCIALI	NCENTI	IVF F	PROGRAM					
PROGRAM INFORMATION (check one. If applying				Façade Improvement Loan and Grant Program						
for more than one incentive		,6	Tax Increment Equivalent for Rehabilitation &							
complete an application for			Redevelopment (TIERR) Grant Program							
	, ,				c Art Grant		- 6			
AMOUNT OF FUNDING REC	UESTED \$		_			sion and Improv	eme	nt Grant		
	-				n Energy G					
TOTAL COST OF IMPROVEN	1ENTS \$			JIEE	ii Liieigy G	Tant				
		PROPER	TY INFO	DRM	ATION					
Municipal Address	Street No.							Unit No.		
Tax Roll Number:	Street Name:									
	Town & Postal	Code:								
	OWNER	AND A	PPLICAN	11 TV	NFORMATI	ON				
Property Owner Information	n (check one)				Pers	son(s)		Company		
Registered Land Owner	Surname:					First name:				
Name	(if Company)					Company Offic	er			
Address	Street No.	Street No. Street Name:				Unit No.				
Municipality:		Provin	ice:			Postal Code:				
Telephone No. ()		Fax: () Email:							
Applicant Information (if di	fferent than Owr	ner):								
Application Contact	Surname:					First name:				
Name	(if Company)					Company Offic	er			
Address	Street No.	Street	Name		,			Unit No.		
Municipality:		Provin	ice:			Postal Code:				
Telephone No. ()		Fax ()			Email:				
I hearby make this Incentive	Program applica	tion ded	claring a	all th	e informat	ion contained is	true	and correct, and		
acknowledge the Township of Wellington North will process the application based on the information provided.										
Signature:				Title:						
Printed Name of Signatory:				Da	ate:			_		

The personal information on this form is collected under the legal authority of the Planning Act, Section 2. The personal information will be used for determining your eligibility for a grant/loan. If you have any questions about the collection, please contact the Clerk-Administrator at 519-848-3620 ext. 4227.

Application Number Date of CIP Review Panel Meeting Date of Council Meeting Approved/Declined/Amount DESCRIPTION OF IMPROVEMENTS Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared sketch showing the proposed improvements and where possible provide a photograph of the before and after.		HIS SECTION WI	TT RE COMILE	ED BY MUNICIPA	LSIAFF	
Date of CIP Review Panel Meeting Date of Council Meeting Approved/Declined/Amount DESCRIPTION OF IMPROVEMENTS Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared	Application Number					
Date of Council Meeting Approved/Declined/Amount DESCRIPTION OF IMPROVEMENTS Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared	Date Application Received					
Approved/Declined/Amount DESCRIPTION OF IMPROVEMENTS Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared	Date of CIP Review Panel I	Meeting				
DESCRIPTION OF IMPROVEMENTS Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared	Date of Council Meeting					
Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared	Approved/Declined/Amou	ınt				
Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared		<u>.</u>				
Please provide a detailed, written description of the proposed improvements. Attach one (1) copy of a prepared	DESCRIPTION OF IMPRO	VEMENTS				
	Please provide a detailed, v	written descriptio				
		ion of the expens	ses and where po	ssible two quotes/	estimates are required.	
ESTIMATES AND QUOTES Please provide an explanation of the expenses and where possible two quotes/estimates are required.		•	•		·	
Please provide an explanation of the expenses and where possible two quotes/estimates are required.						

Supplementary Form (For Façade Improvement Grant & Loan Program Only)

FAÇADE PROJECT DESIGN CHECKLIST (IF APPLICABLE)							
Façade projects should respond to the following 'best practices' to help with its efforts to create a relevant and							
quality improvement for both the building and the street. Please complete the following checklist to determine							
the degree in meeting 'best practices' for the proposed façade improvements.							
Criteria / Description	Yes	No	N/A	Comments			
1.Responding to Core Context			<u> </u>				
Does the façade design enhance its surrounding and							
adjacent buildings?							
Building Envelopes in the CIPA		<u> </u>	<u> </u>				
Does the façade work/align with existing façades and							
reinforce the clarity of the public network and the							
cohesion of building groups?							
3. Beneficial Building / Street Relationships		<u> </u>					
Does the building façade and street establish a							
supportive relationship, in which indoor and outdoor							
spaces animate and are connected to each other?							
Does the façade define the building as a distinct space							
with a strong sense of identity and place?							
4. Response to Climate		L	<u> </u>				
Does the façade design respond to the climate of area,							
considering all seasons?							
5. Identifiable Building Entrances			1				
Does the façade project help to make the buildings		<u> </u>	1				
entrance more identifiable?							
6. Long Life / Loose Fit		<u> </u>	1				
Is the façade treatment capable of being adapted to			1	T			
new/future building uses?							
			L				
7. Safety Within CIPA			1	T			
Does the façade design provide personal safety and impart a sense of comfort to all users?							
•							
8. Community Expression	1	Γ	1	Ī			
Does the façade design express a sense of permanence							
and durability?							
Does the façade promote traditional roots and express							
historical continuity?							
9. Appropriate Scale	I	1	1	<u> </u>			
Does the scale of the proposed façade relate to the scale							
and size of the building?							
10. Exterior Materials for Façades	1	1	1	T			
Does the proposed façade materials reinforce the							
cohesion of related groups of buildings?							
Are proposed exterior building materials durable and of							
high aesthetic quality?							
11. Technical Performance			1	T			
Does the proposed façade determine a balance capital			1				
cost, operating costs and maintenance costs?		L	L				
12. Accessibility	1		1				
Does the façade design provide equal means of access to							
all users regardless of ability?			1				