

APPENDIX A

Lambton Shores Community Improvement Plan (CIP) Application Form



LAMBTON SHORES COMMUNITY IMPROVEMENT PLAN (CIP) CHECKLIST FORM

The following information is required to be submitted as part of the CIP application:

Pre-consultation Meeting

- Prior to completing the Community Improvement Plan Application form, the applicant is required to contact the Development and Planning Department at Lambton Shores to conduct a pre-consultation meeting. The meeting will discuss the proposed project and complete submission requirements.
- Please contact Natalie Core ncore@lambtonshores.ca or (519) 243-1400 (ext. 8612) to schedule a pre-consultation meeting.

Complete Application Form

- Please complete and sign the attached application form and submit it to Natalie Core (ncore@lambtonshores.ca).

Submission of Quotes for the Proposed Improvement Work

- Please submit with the application at least two quotes showing an itemized breakdown of costs from qualified professionals for the proposed improvement.

Photographs

- Please include digital photos of the current condition of the property/site/building which is the subject of the application(s).
- Please include any additional photos as that may have been required by municipal staff during the pre-consultation process, if applicable.

Drawings

- Please submit drawings of the proposed works which may include: site concept plan, elevations, floor plans, design details, etc.
- Please include any drawings as outlined by municipal staff during the pre-consultation process, if applicable.

Additional Information (if applicable)

- Please include any additional information as that may have been required by municipal staff during the pre-consultation process, including but not limited to: historical information and photos, tax assessment.



THE MUNICIPALITY OF

LAMBTON SHORES

9577 Port Franks Road

Theford, ON

N0N 2N0

www.lambtonshores.ca/

All CIP Applications deemed complete by Municipal staff will be assigned a file number and this number should be used in all communications.

If additional supporting material or documentation is required, or becomes necessary during the processing of this application, the applicant will be contacted and informed of the additional required information.



LAMBTON SHORES COMMUNITY IMPROVEMENT PLAN (CIP) APPLICATION FORM

Office Use Only	
File Number:	
Date Received:	
Date Complete:	

PART A: OWNER, APPLICANT, PROPERTY INFORMATION

Applicant Information:	
Applicant Name:	
Applicant Mailing Address:	
Applicant Telephone:	
Applicant Email:	
Applicant is:	<input type="checkbox"/> Registered Owner
	<input type="checkbox"/> Tenant
	<input type="checkbox"/> Authorized Agent
Owners Information (if different from above)	
Owner(s) Name:	
Full Mailing Address:	
Telephone:	
Email:	
Primary Contact	<input type="checkbox"/> Authorized Agent
	<input type="checkbox"/> Registered Owner
Mortgage Information	
Name of Mortgage Holder	
Address of Mortgage Holder:	
Pre-Consultation	
Date of Pre-Consultation Meeting:	



Subject Property Information	
Municipal Address:	
Legal Description:	
Roll Number:	
Property Size (Area) (metric):	
Existing Official Plan Designation:	
Existing Zoning:	
Heritage Designation	Is the subject property:
	<input type="checkbox"/> Designated under Part IV of the Ontario Heritage Act
	<input type="checkbox"/> Designated under Part V of the Ontario Heritage Act
	<input type="checkbox"/> Listed in Appendix A of the Lambton Shores Official Plan
Description of property and present use(s):	

PART B: PROJECT INFORMATION

Please indicate the Financial Incentive Program for which you are applying (select all that apply):	<input type="checkbox"/> Façade Improvement Grant Program
	<input type="checkbox"/> Building Restoration, Renovation, or Improvement Grant Program
	<input type="checkbox"/> Accessibility Improvement Grant Program
	<input type="checkbox"/> Energy Efficiency and Retrofit Grant Program
	<input type="checkbox"/> Property Improvement Grant Program
	<input type="checkbox"/> Patio Grant Program
	<input type="checkbox"/> Commercial Area Housing Grant Program
	<input type="checkbox"/> Destination Infrastructure Grant Program
	<input type="checkbox"/> Development Charge Grant Program
	<input type="checkbox"/> Tax Increment-Equivalent Grant Program
<input type="checkbox"/> Environmental Site Assessment Grant Program	
Please describe the proposed construction project and how it represents an improvement for the property (attach	



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additional pages if needed):	
Approximate Construction Start Date:	
Approximate Construction End Date:	
Estimated Total Project Costs:	
Requested Funding (Cannot Exceed Program Limits):	



PART C: ACKNOWLEDGEMENT/AUTHORIZATION/DECLARATION

Agreement of Owner/Applicant:

The Owner/Applicant hereby agrees that the Municipality of Lambton Shores is not responsible for the costs associated with the preparation of this application, or in anticipation of receiving approval, or any other costs incurred in relation to any of the programs.

The Owner/Applicant hereby authorizes municipal staff, Council, and/or agents of the municipality (i.e. engineers) to enter the property for the purposes of performing inspections, without further notice, related to the processing of this application and fully indemnify the municipality for any and all claims or damages arising or resulting from such access.

The Owner/Applicant hereby provides consent, for the purpose of the *Municipal Freedom of Information and Protection of Privacy Act*, to the Municipality of Lambton Shores to use and disclose personal information to any person or public body that is collected under the authority of the *Planning Act* for the purposes of this application.

The Owner/Applicant hereby declare that I have read and understand the information set out in the eligibility requirements for the program(s) being applied in this application:

Date

Signature of Owner/Applicant



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Authorization of Owner for Applicant to make the application

I, _____ am the owner of the land that is the subject of this application and I authorize _____ to make this application on my behalf, and to provide any of my personal information that will be included in this application or collected during the processing of the application under the *Municipal Freedom of Information and Protection of Privacy Act*.

Date

Signature of Owner



Declaration

I, _____ of the Municipality\Town\ City of _____,

in the County\Region\District of _____,

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 Municipality/Town/City of _____ in the

County/Region/District of _____ this _____ day of

_____ 20____

A Commissioner of Oaths

Signature of Owner/Applicant