



# Community Improvement Plan Application for Incentive Programs

- Introduction:** The Town of Iroquois Falls’s Community Improvement Plan (CIP) establishes a strategy for the rehabilitation and improvement of commercial, residential and industrial properties within designated CIP project areas. The CIP provides incentive programs for improvements to stimulate local development and beautification.
- All applicants should consult the Town’s CIP document, available on the Town’s website and Municipal Office.
- The Town is not responsible for any costs incurred by an applicant in relation to any of the programs, including, without limitation, costs incurred in anticipation of a grant.
- Pre-Consultation:** All potential applicants **must have a pre-consultation meeting** with the Town prior to submitting an application for incentive programs. The purpose of the pre-consultation meeting is to confirm property and project eligibility and program requirements.
- Authorization (page 6):** If the applicant is not the owner of the subject land, a written statement by the owner must accompany the application, which authorizes the applicant to act on behalf of the owner as it relates to the subject application.
- Plans & Drawing:** All applications for CIP incentive programs must include accurate, detailed copies of plans / drawings / renderings showing the proposed improvements related to the application.
- Supporting Information:** Additional information may be required by the Town in order to evaluate the proposed application for CIP incentive programs.
- In addition, the applicant may be required to submit a more detailed site plan, under **site plan control**, prepared by a qualified professional, showing any proposed development including all new buildings and structures, parking areas, landscaping and other site information as required by the municipality.

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**Application Processing:**

Following **mandatory pre-consultation**, upon receipt of an **application** and **other information** as may be required, the Town will determine whether there is sufficient merit in processing the application further, including compliance with minimum eligibility requirements outlined in the CIP. Prior to release of funds, the Town will require proof of all costs submitted by the applicant.

Any Outstanding charges from the Town (including tax arrears), work orders, and/or orders or requests to comply on any property owned by the Applicant must be satisfactorily addressed prior to application processing and grant payment.

Projects must be completed within one year of approval, but recipients may apply for a grant extension.

**Further Information:**

**Bill Greenway**  
Director of Economic Development  
Town of Iroquois Falls  
[ecdev@iroquoisfalls.com](mailto:ecdev@iroquoisfalls.com)

**Copies:** One (1) copy of this application, including plans/drawings/renderings and other information as may be specified, shall be required.

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**APPLICANT INFORMATION**

1. Registered Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If the application will be represented, prepared or submitted by someone other than the registered owner(s) please specify:

Authorized Agent(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NOTE: Unless otherwise requested, all communication will be sent to the agent, if any.

**PROPERTY DESCRIPTION**

2. MUNICIPAL ADDRESS: \_\_\_\_\_  
LEGAL DESCRIPTION: \_\_\_\_\_

3. Date the subject land was acquired by the current owner: \_\_\_\_\_

4. Describe any easements, mortgages, charges, or other encumbrances in respect of the subject land:  
\_\_\_\_\_

5. EXISTING USE OF LAND: \_\_\_\_\_ Date of Construction: \_\_\_\_\_

6. PROPOSED USE OF LAND: \_\_\_\_\_

7. ZONING: \_\_\_\_\_ Is an amendment required for proposed work? **Yes** **No**

8. TAXES AND OUTSTANDING WORK ORDERS:

Current Assessed Value of Property: \_\_\_\_\_

Is current tax receipt attached? **Yes** **No**

Is the property in tax arrears? **Yes\*** **No**

Are there outstanding work orders on the property? **Yes\*** **No**

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If "Yes", please describe: \_\_\_\_\_

*\* note that outstanding charges must be satisfactorily addressed prior to the application processing and grant and/or tax assistance payment*

**9. INCENTIVE PROGRAMS:**

**Check off the incentive program(s) for which this application applies. Indicate grant amount requested.**

	<b>Amount</b>
1. Façade Improvement Grant Program (50% eligible costs, max \$5,000)	
2. Signage Improvement Grant Program (50% eligible costs, max \$2,500)	
3. Planning, Design and Architectural Grant Program (50% eligible costs, max \$1,000)	
4. Sale of Land for Less than Market Value (up to 25% less than the listed value established by Council)	
5. Building Permit and Planning Application Fee Rebate (50% of fees excluding legal costs, max \$500)	
6. Tax Increment Grant (75% rebate in year 1; 50% rebate in year 2; 25% rebate in year 3)	
7. Environmental Site Assessment Grant (50% of eligible costs, max \$5,000)	
8. Brownfields Financial Tax Incentive Program (tax assistance up to 50% over 5 years)	
<b><i>\$10,000 maximum funding per property (excluding incentive # 4, 5, and 6)</i></b>	
<b>TOTAL</b>	

**PROPOSED IMPROVEMENTS**

**10. Description of proposed improvements (attach additional sheets if necessary):** \_\_\_\_\_

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**11. Are copies of plans /drawings /renderings showing the proposed improvements attached?** **Yes** **No**

**12. BUILDING PERMIT INFORMATION:**

Will a building permit be required for the proposed improvements? **Yes** **No**

Building Permit/Application number: \_\_\_\_\_

Permit Application Date: \_\_\_\_\_

Building Permit Fees Paid: \_\_\_\_\_

Value of Project (from permit): \_\_\_\_\_

**13. ITEMIZED COST ESTIMATES:**

Are itemized cost estimates for the proposed improvements attached? **Yes** **No**

**14. CONSTRUCTION / PROJECT SCHEDULE:**

Estimated start of construction / improvement project: \_\_\_\_\_

Estimated completion of construction / improvement project: \_\_\_\_\_

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**AFFIDAVIT:**

I (we) \_\_\_\_\_ of the \_\_\_\_\_ (municipality),

District \_\_\_\_\_ solemnly declare that all the  
of \_\_\_\_\_ statements

contained in this application are true, and I (we) make 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 Town of Iroquois Falls, District of Cochrane, this \_\_\_\_\_ day  
of \_\_\_\_\_

\_\_\_\_\_,  
'20 \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Commissioner**

\_\_\_\_\_  
**Date**

**AUTHORIZATION FOR TENANT / AGENT / SOLICITOR TO ACT FOR OWNER:**

*(If application and affidavit is signed by someone other than the Owner (i.e. tenant, agent, or solicitor), the Owner's written authorization below must be completed.)*

I (we) \_\_\_\_\_ of the \_\_\_\_\_ (municipality),

District \_\_\_\_\_ do hereby  
of \_\_\_\_\_ authorize \_\_\_\_\_ to make this

application or act as my (our) agent in this application.

\_\_\_\_\_  
**Signature of Owner(s)**

\_\_\_\_\_  
**Date**

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**APPLICATION RECEIVED BY THE MUNICIPALITY:**

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**Signature of Employee**

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**Date**