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<b>Introduction:</b>	<p>The Township of Laurentian Valley's Community Improvement Plan (CIP) establishes a strategy for the rehabilitation and improvement of privately held lands throughout the Township. The CIP provides incentive programs for improvements to business locations through: building facade improvements; signage; parking and landscaping improvements; value-added agriculture; commercial roofed accommodation; accessibility improvements and brownfield sites. A grant category has also been added for improvements to meet COVID-19 public health &amp; safety requirements.</p> <p>All applicants should consult the Township's CIP document, available on the Township's website or by contacting the Municipal Office at 613-735-6291.</p> <p>The Township 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, with the exception of eligible retroactive costs related to the improvements to meet COVID-19 public health &amp; safety requirements category.</p>			
<b>Authorization (page 5):</b>	<p>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.</p>			
<b>Plans &amp; Drawing:</b>	<p>All applications for CIP incentive programs must include accurate, detailed copies of plans / drawings / renderings showing the proposed improvements for which the application is being made.</p>			
<b>Supporting Information:</b>	<p>Additional information may be required by the municipality in order to evaluate the proposed application for CIP incentive programs.</p> <p>In addition, the applicant may be required to submit a more detailed site plan, under <b>site plan control</b>, 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.</p>			
<b>Application Processing:</b>	<p>Upon receipt of an <b>application</b> and <b>other information</b> as may be required, the Township will determine whether there is sufficient merit in processing the application further, including compliance with minimum eligibility requirements outlined in the CIP.</p> <p>Prior to release of funds, the Township will require proof of all costs submitted by the applicant.</p> <p>Any Outstanding charges from the Township (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 by within one year unless an extension is granted by the Township.</p>			
<b>Further Information:</b>	<table><tr><td>Lauree Armstrong Planner/EDO/CEMC Township of Laurentian Valley 460 Witt Road Pembroke, ON K8A 6W5 Telephone: (613) 735-6291 <a href="http://www.lvtownship.ca">www.lvtownship.ca</a> <a href="mailto:larmstrong@lvtownship.ca">larmstrong@lvtownship.ca</a></td><td><b>Copies:</b></td><td>One (1) copy of this application, including plans/drawings/renderings and other information as may be specified, shall be required.</td></tr></table>	Lauree Armstrong Planner/EDO/CEMC Township of Laurentian Valley 460 Witt Road Pembroke, ON K8A 6W5 Telephone: (613) 735-6291 <a href="http://www.lvtownship.ca">www.lvtownship.ca</a> <a href="mailto:larmstrong@lvtownship.ca">larmstrong@lvtownship.ca</a>	<b>Copies:</b>	One (1) copy of this application, including plans/drawings/renderings and other information as may be specified, shall be required.
Lauree Armstrong Planner/EDO/CEMC Township of Laurentian Valley 460 Witt Road Pembroke, ON K8A 6W5 Telephone: (613) 735-6291 <a href="http://www.lvtownship.ca">www.lvtownship.ca</a> <a href="mailto:larmstrong@lvtownship.ca">larmstrong@lvtownship.ca</a>	<b>Copies:</b>	One (1) copy of this application, including plans/drawings/renderings and other information as may be specified, shall be required.		

**Township of Laurentian Valley  
Application for CIP Incentive Programs**

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**APPLICANT INFORMATION**

1. a) Registered Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

b) Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

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

c) Authorized Agent(s): \_\_\_\_\_

Address: \_\_\_\_\_

d) Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

NOTE: Unless otherwise requested, all communication will be sent to the tenant/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**

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

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

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**PROPOSED IMPROVEMENTS**

**9. INCENTIVE PROGRAMS:**

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

	<b>Amount</b>
1. Improvements to meet COVID-19 public health & safety requirements Grant (max \$5,000)	
2. Agriculture Value-Added Grant (max \$7,000)	_____
3. Signage Improvement Grant (max \$4,000)	_____
4. Façade Improvement Grant (max \$7,000)	_____
5. Accessibility Improvement Grant (max \$7,000)	_____
6. Landscaping and Parking Improvement Grant (max \$5,000)	_____
7. Commercial Roofed Accommodation Grant (max \$10,000)	_____
8. Brownfield Rehabilitation Grant (max \$10,000)	_____
9. Municipal Application/Permit Fees Rebate (max \$2,500 for Building Permit Fees; max \$500 for Signage Permit Fees, Demolition Permit Fees)	_____
10. Tax Increment Grant (100% rebate in year 1; 80% rebate in year 2; 60% rebate in year 3; 40% rebate in year 4; 20% rebate in year 5)	_____
<b><i>\$10,000 maximum funding per property</i></b>	
<b>TOTAL</b>	_____

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

**Township of Laurentian Valley  
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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: \_\_\_\_\_ Building Permit Fees Paid: \_\_\_\_\_

Permit Application Date: \_\_\_\_\_ 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),  
County of \_\_\_\_\_ solemnly declare that all the 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 \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**Signature of Owner/Authorized Agent**

\_\_\_\_\_  
**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 of \_\_\_\_\_ do hereby 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:**

\_\_\_\_\_  
**Signature of Employee**

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