

Community Improvement Plan

Grant Program Application



1. Applicant Information

Name: Grey Bruce Property Rentals Relationship to property: Owner
Address: 7839 Hwy 21, P.O. Box 30, Allenford, ON
Email: barry@barrysconstruction.ca Phone: 519-934-3461

2. Owner Information (if different from applicant)

Name:
Address:
Email: Phone:

3. Primary Contact

Please pick one as the primary contact for this application:

☒ Applicant ☐ Owner

4. Subject Property Information

Address: 263 10th Street East, Owen Sound
Assessment Roll Number: 4259- 040-030-13600

5. Application Type

Please identify what program grant(s) are being applied for in this application:

- ☒ Façade & Structural Improvement
- ☐ Accessibility Improvement
- ☐ Start-up Space Leasehold Improvement
- ☐ Landscaping & Property Improvement
- ☐ Vacant Building Conversion/Expansion

6. Description of Project Work (please use other pages if needed)

Improvements to front and rear of the building.
Removal of existing front and rear facades, including dumping fees.
Replacement of front window with accessible door including opener, and installation of new windows.
Replacement of rear door, and adding an overhead door.
New electrical, including exterior lights.
Completion of framing, all brick work as per plan, soffit and fascia, interior wood work, drywall and finishing.
Installation of a new sign above front entrance. Sign to be determined by future renter.

7. Disclosure

I am the owner of this property and I confirm, to the best of my knowledge, and agree that:

- ☒ The property taxes for the subject property are up to date.
- ☒ I have read the program guidelines and my project meets the minimum requirements for program eligibility.
- ☒ I authorize City Staff to enter upon the subject property and take photos of the project area for the sole purpose of this application.
- ☒ I may be required to enter into an agreement with the City, which may be registered on title of the subject property, to obtain grant payment.
- ☒ I have no objection to this application being considered by City Council's staff delegate for approval, if applicable.
- ☒ I understand that I must not start any project work until I have received written notification from the City about the decision regarding my application and any applicable agreement.

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8. Authorization

I am the owner(s) of the lands subject to this application. I have given consent to the above-mentioned applicant (if any) to complete this application process on my behalf and/or as an authorized tenant of the building.

I certify that the personal information and documents submitted, or to be submitted, in this application, are true, complete and correct, including all supplementary details about my project. I certify that all information requested in this application has been disclosed.

I understand that personal information is collected under the authority of the *Planning Act* and the *Municipal Act, 2001*, S.O. 2001, c. 25, as amended. The information collected will be used to complete the subject Community Improvement Plan Grant Program application, and will form part of the public record. Questions about this collection should be addressed to the City Clerk.

Owner Name	Owner Signature
Barry Kruisselbrink (President)	
Applicant Name	Applicant Signature

9. Contact Us:

City Clerk
bbloomfield@owensound.ca

Planning & Heritage Division
planning@owensound.ca

City of Owen Sound
808 2nd Avenue East
Owen Sound, ON N4K 2H4
Telephone: 519-376-4440