

Township of North Dundas Commercial Building Improvement Program Application Form

I am applying for the following program(s) (Check all that apply):

Program	Criteria	✓	Requested Amount
Façade Grant	50% of eligible costs up to a maximum of \$4 000		
Signage Grant	50% of eligible costs up to a maximum of \$1 000		
Loan	Interest free loan up to a maximum of \$10 000 payable over a 5 (five) year period		

1.	Property Address:				
2.	Property Owner:				
	Address:				
	Phone Number:				
3.	Applicant (if different from the Owner):				
	Address:				
	Phone number:				
	**NOTE: If the application is approved for funding please ensure y	you contact the			

**NOTE: If the application is approved for funding, please ensure you contact the Township Building Department before starting any work to see if a Building Permit is required.

•	n itemized breakdown of the cos	
•	your building. Please provide a j	-
ost. If you need	more room, please attach addit	ional information.
Item	Reason/Need	Estimated Cost less H

	Contractor	Work Estimate less HST (\$)		
†	*Please note that applicants doing their their own labour.			
,	What is the total cost of your commercial building improvements?			
	Commercial Building Improvement:	Total Cost less HST(\$)		
	Exterior Façade Improvements			
	Sign/Awning Improvements			
	Interior Improvements			
	Total Combined Improvement Costs (\$):			
le	ease ensure that the following			
	A completed application form signe	a by me appropriate pames		
	One copy of the deed/title to the pro			
		pperty		
	One copy of the deed/title to the pro	pperty		

The following declaration must be completed by the Applicant:

I/We,		of the	
of	in the Dist	rict of/Municipa	(City, Town, Township etc.) lity of/County of
	solemn	ly declare that o	all the statements contained in
this application	and all the suppo	rting documents	s are true, and I make this
solemn declarat	ion conscientious	ly believing it to	be true and complete, and
knowing that it is	of the same forc	e and effect as	if made under oath, by virtue
of the "Canada	Evidence Act"		
SWORN/DECLAR	ED at)	
In the)	
This	day of	20)	
Applicant(s)			itness

Owner's Authorization if the Owner is not the Applicant

If the Owner is not the Applicant, the Owner must complete the following:

I/We,		_ of the_	
of	in the District c	of/Munici	(City, Town, Township etc.) pality of/County of
	solemnly de	clare tha	ati
authorized to sub	mit this application a	nd that t	o my knowledge, all the
statements conto	ined in this application	on and a	Il the supporting documents are
true, and I make	this solemn declaratio	on consc	cientiously believing it to be true
and complete, a	nd knowing that it is o	of the sar	me force and effect as if made
under oath, by vii	tue of the "Canada	Evidence	e Act".
SWORN/DECLARE	ED at)	
In the)	
This o	day of	_20)	
Applicant(s)			Witness

**Please note that if this application is approved for funding, that no project funds will be provided for any work that was started before the application is approved by Township Council.