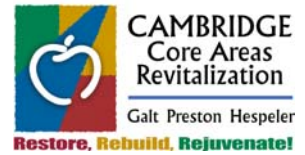


Building *Revitalization* Program

One of the City's Financial Incentives Programs



Application Form

1. Before filling out this application form, please read the attached Program Information package. It spells out the intent and the basic terms and conditions of the **Building *Revitalization* Program**, defines some terms that are referred to below and suggests why the following information is necessary in order for the City to expeditiously process your application.
2. If an agent is acting for the property owner, please ensure that the required authorization is completed and executed by the owner as provided on page 10 of this form.
3. If you find there is insufficient space on this form to respond to the questions, please provide additional information on a separate page and attach it to your completed application form.
4. Attach two bona fide quotes from independent contractors for proposed work that is *eligible for the loan and the owner's matching share*. You may find it necessary to request your contractor to separate these costs from other costs for improvements not considered eligible for the loan or owner's matching share. Please ensure that the quotes indicate firm/contractor name, address, phone and contact person.
5. Please attach drawings of proposed exterior improvements containing sufficient detail to illustrate how your proposed improvements meet the program's design guidelines, overall design intent and program objectives. Also, please provide a photo of the building's existing exterior condition, if available. If you feel it is helpful, you may provide explanatory text in addition to drawings.
6. There is no application fee.
7. Please print (or type) the information requested on the application form.
8. You may deliver your application in person or send it by mail to the Planning Services Department, Corporation of the City of Cambridge, P.O. Box 669, 50 Dickson Street, 3rd Floor, Cambridge, Ontario, N1R 5W8.

To confirm your eligibility for this program, or for further information about this program, please contact:

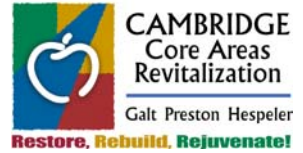
Planning Services Department

Phone: 519.740.4650

Fax: 519.740.9545

Building Revitalization Program

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Date: _____

A. Applicant Information

The City of Cambridge reserves the right to conduct credit checks, as it deems necessary. Please provide the following information:

Full Name of Registered Property Owner: _____

Social Insurance Number (S.I.N.): _____

Mailing Address of Owner: _____
(Number) (Street)

(City) (Province) (Postal Code)

Owner's Phone: () _____ Owner's Fax: () _____

Owner's e-mail: _____

B. Property Information

Address of Property for which application is being made:

_____ Cambridge, ON _____
(Number) (Street) (Postal Code)

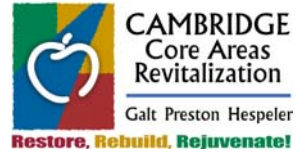
C. Property Use

	Basement	Ground Floor	2 nd Floor	3 rd Floor	Above 3rd
Current Uses					
Leasable Square Feet					

Are there any outstanding work orders on this property? (Yes or No)

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D. Description of Proposed Improvements

Note: Please see information bulletin for definition of “eligible” improvements.

1. Please describe proposed exterior improvements

2. Please describe any other proposed interior or exterior improvements

E. Professional Design Services

Name of Firm: _____

Contact Name: _____

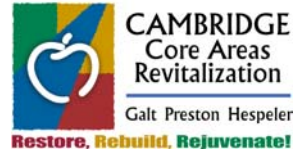
Mailing Address of Firm: _____

Firm's Phone: () _____ Firm's Fax: () _____

Firm's e-mail: _____

Building Revitalization Program

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F. Construction Schedule

Approximate date of construction commencement: _____

Approximate date of construction completion: _____

G. Covenant by Registered Owner

I / We hereby apply for a grant under this program and agree to abide by the terms and conditions of the program as established by the City of Cambridge.

Without limiting any of the foregoing, I/we understand that the loan may be reduced or cancelled if the work is not completed, not completed as approved, or if the contractors are not paid.

I/We agree to the terms and conditions of loan repayment and understand that a lien against the title to the property shall be registered for the loan amount no later than upon the date the City releases the loan funds.

I /We hereby certify that the information given herein is true, correct and complete in every respect and understand that the City reserves the right to verify any information contained therein.

I / We have the authority to bind the company.

I/We, the undersigned, agree that the completed improvements are subject to inspection by City Officials, and will be carried out in accordance with the requirements of this loan program, the Building Code, Fire Code and other applicable City of Cambridge Bylaws.

I/We, the undersigned, agree that the City of Cambridge may display photographs and other images of the property noted above for purposes related to the promotion of the City of Cambridge Building Revitalization Program. These purposes may include posting of images on the City of Cambridge Website and inclusion in brochures, posters, and other promotional materials.

(Signature) (Please print Name) (Please print Title)

(Signature) (Please print Name) (Please print Title)

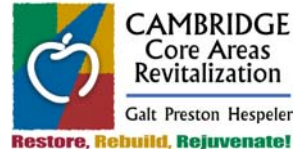
Witness: _____
(Signature) (Please print Name) (Please print Title)

Dated at _____ this _____ day of _____, _____
(Name of City/Town) (Date) (Month) (Year)

Note: If the applicant is a corporation, an officer of the corporation shall sign the application and the corporation's seal shall be affixed below.

Building Revitalization Program

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Agent Authorization

Note: If this application is to be signed by an agent or solicitor on behalf of an owner, please complete this section. If the property is in joint ownership, each individual owner's signature is required for authorization of the agent/solicitor.

I/We hereby authorize my/our solicitor/agent, to act on my/our behalf in regard to the Building Revitalization Program application.

Dated at _____ this _____ day of _____, _____
(Name of City/Town) (Date) (Month) (Year)

Signatures of Owner(s) / Grantor(s):

(Signature) (Please print Name) (Please print Title)

(Signature) (Please print Name) (Please print Title)

Name of Agent: _____

Mailing Address of Agent: _____
(Number) (Street)

(City) (Province) (Postal Code)

Agent's Phone: () _____ Agent's Fax: () _____

Agent's e-mail: _____

Personal information contained on this form is collected pursuant to the Building Revitalization Loan Program for the City of Cambridge and will be used for the purpose of responding to your application. Questions about this collection should be directed to the Commissioner of Planning Services, who can be reached at 519.740.4650, Ext. 4576.

For Office Use Only

Roll Number: _____

Legal Description of Property (Lot No.): _____

Legal Description of Property (Plan No.): _____