

## COMMERCIAL FAÇADE IMPROVEMENT GRANT PROGRAM

The purpose of this program is to facilitate a physical upgrading of privately owned buildings in commercial use located within the City of Markham's heritage districts. The grant assistance is in the form of a 50/50 matching grant, which is paid upon completion of the previously approved work. This program offers a matching grant for eligible work to a maximum limit of \$10,000 per property. Heritage structures are eligible for an additional \$5,000 in matching grant assistance. Please review the specific grant program information package and the terms and conditions.

PROPERTY INFORMATION														
Municipal Ad	ddress: Street No.:			Street Name:										Unit Num.:
Commercial Name (if applicable)					•									
Registered Plan Number:				Registered				d Plan Lot/Block No.						
OWNER and APPLICANT INFORMATION														
Property Owner Information (check one)						Person(s)				Co	Company			
Registered Land Owner: Surname:							First Name:							
Name	(if Compan	if Company)						Company Officer:						
Address:			Street No:		Str	reet Na	ime:					Unit Num.:		
Municipality:				Province:				Postal Code:						
Telephone: No: ( )				Fax: ( )			E-Mail:							
Applicant Information (if different than Owner):														
Application Contact: Surname:						First Name:								
Name (if Company)							Company Officer:							
Address: Street No.:								Stree	Street Name:			Unit N	lum.:	
Municipality:					Province:				Postal Code			de:		
Telephone: No. ( )														

The personal information on this form is collected under the authority of the Section 39 and 45 of the Ontario Heritage Act, R.S.O. 1990, c.O.18, as amended. The information collected will be used by the City of Markham to administer and enforce the Commercial Façade Improvement Grant Program. Questions about the collection can be directed to the Development Services-Heritage Section, City of Markham, 101 Town Centre Blvd., Markham, ON L3R 9W3, Telephone: 905-475-4861 or email: developmentservices@markham.ca.

## ACKNOWLEDGEMENT of PUBLIC INFORMATION

Application information is collected under the authority of the *Planning Act*, R.S.O. 1990, and c.P.13. In accordance with Section 1.0.1 of the Act, the City of Markham provides public access to all *Planning Act* applications and supporting documentation submitted to the City. I hereby agree and acknowledge that the information contained in this application and any documentation, including reports, studies and drawings, provided in support of the application, by myself, my agents, consultants and solicitors, constitutes public information and will become part of the public record. As such, and in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56, I hereby consent to the City of Markham making this application and its supporting documentation available to the general public, including copying, posting on the City's website and/or releasing a copy of the application and any of its supporting documentation to any third party upon their request, and as part of a standard distribution of copies of such documentation I consent to the City releasing copies of any of the documentation to additional persons, including but not limited to Members of Council and ratepayers associations.

OWNER'S AUTHORIZATION						
lands, hereby authorize (print name of	applicant),					
to submit the above application to the	City of Markham	for approval thereof.				
Signature:	Date:					
Printed Name of Signatory:		Title:				
Fillited Name of Signatory.		Tiue.				
Deceription of Worls to be Undertake						
<ul> <li>Description of Work to be Undertake</li> <li>Please provide a detailed, written of</li> </ul>		nronosed improvements	Attach one (1) copy of			
<ul> <li>Please provide a detailed, written of architectural or design plans illustra</li> </ul>			Attach one (1) copy of			
			· · · · · · · · · · · · · · · · · · ·			
Photographs: Please attach photographs	aph(s) of the exis	sting façade with this form.				
Work Estimates						
Please attach two (2) independent con		s for the proposed improve	ments. Grants are			
calculated based upon the lowest estin	nate.					
Name of Preferred Contractor						
Amount	\$					
Name of Canada Canton stan						
Name of Second Contractor  Amount	\$					
AHOUH	Ψ					
Grant Request						
Cost of Design Work	\$					
Cost of Sign Production	\$					
Cost of Installation	\$					
Total Estimate	\$					

For Further Information:								
Planning and Urban Design Department- Heritage Section								
Telephone 905-477-7000, ext. 2585	<u>heritage@markham.ca</u>							
FOR OFFICE USE ONLY								
Date Rec'd :								
Application Information Rec'd			YES	NO				
Application Rec'd By:								
Entered into AMANDA by:		Date:						
Application Number.								