



Planning and Economic Development Department
Commercial Districts and Small Business Section
71 Main Street West, 7th Floor
Hamilton, Ontario, L8P 4Y5
Phone: (905) 546-2424 Ext. 2755
Fax: (905) 546-2693

\$275.00 Administration Fee for grants less than or equal to \$12,500
\$950.00 Administration Fee for grants greater than \$12,500
to accompany application

NOTE: IF THE PROPERTY ASSESSMENT IS UNDER APPEAL, AN APPLICATION WILL NOT BE ACCEPTED

BARTON / KENILWORTH TAX INCREMENT GRANT PROGRAM APPLICATION FORM

IMPORTANT PROGRAM INFORMATION

- 1) An estimate of the post-development assessment for the planned redevelopment, prepared by the Municipal Property Assessment Corporation (MPAC), and undertaken at the applicant's expense, will be required to be submitted to the City except where the planned development is one of the following:
 - a) a residential rental building containing six (6) or less units;
 - b) a residential-only condominium development of any scale; or
 - c) a mixed-use building containing residential condominiums and commercial uses provided the commercial uses are limited to the first two (2) storeys of the building.

Applicants must contact MPAC directly to initiate and complete the estimate.

In order for estimates to be accepted by the City, Applicants must advise MPAC that the estimate will be provided to the City of Hamilton, and as such, must include any necessary clauses to ensure the estimate can be provided to, and used by, the City for the purposes of this application, including in public reports to City Council.

- 2) Where a site contains existing, occupied residential rental units at the time an application under this program is submitted to the City, please be advised that notification will be provided, by the City, to the occupied units that an application has been made under this program. Where an application is subsequently approved, occupied units will be further notified of the value of any incentive to be provided by the City and the nature of improvements/work that the incentives are intended to facilitate, where applicable.
- 3) An approval under this program may be subject to requirements which limit potential Above Guideline Increase requests to the Landlord and Tenant Board for residential rental units occupied at the time an application is submitted to the City. Please see the Program Description for more information.

APPLICANT/AGENT INFORMATION

Company Name:			
Contact Name:			
Address:			
City and Postal Code:			
Telephone:		Fax:	
Cell Phone:			
Email:			
Date of Incorporation/ Registration of Business:			
Names of Registered Shareholder/Partners (Include Percentages of Ownership):			
Are you or any of the Directors/Shareholders/Partners in Litigation with the City of Hamilton?			

PERSONAL (TO BE COMPLETED IF PROPERTY OWNED PERSONALLY)

Applicant's Name:			
Address:			
Telephone		Fax:	
Cell Phone:			
Email:			

PROPERTY INFORMATION

Property Address(es), Assessment Roll Number(s), and Current Use of Property/Properties:	
Proposed Use of Property:	
Description of Proposed Development/Redevelopment:	
Estimate of work to be Performed: (if available attach supporting documentation)	
At the time of submission of this application to the City, are there existing and occupied residential rental units on any property that is the subject of this application? If yes, please identify the address and unit numbers of the occupied units.	
Will this project result in the creation of new jobs within the City of Hamilton? If yes, how many full time and part-time jobs will be created?	
Legal Description of Property:	

Will a Plan of Condominium be Registered? **NOTE: IF YOU APPLY FOR THE PROGRAM CONFIRMING THAT THE PROJECT WILL BE A CONDOMINIUM IT WILL BE FORWARDED TO CITY COUNCIL AS A CONDOMINIUM PROJECT. IF, ONCE THE PROJECT IS COMPLETE, CONDOMINIUM REGISTRATION DOES NOT TAKE PLACE, THE GRANT WILL BE CANCELLED.**

If yes, please provide the anticipated sale prices for the units. For mixed-use developments, please separate between the Residential and Non-Residential units (Retail, Office, etc.). Also, if applicable, identify the anticipated sale price for each parking space.

WILL YOU ASSIGN THE GRANT TO THE FIRST PURCHASER OF EACH CONDOMINIUM UNIT?

If a Plan of Condominium will not be registered, please provide the number of units, gross leasable area and anticipated rent for each. For mixed-use developments, please separate between the Residential and Non-Residential units. (Retail, Office, etc.). Where both Office and Retail exist, please further separate between both.

Please attach supporting documentation for the aforementioned (Price list, Pro-forma, Appraisal, etc.)

Proposed Demolition Date (if applicable):

Survey of Property (to be attached if available)

**SIGNATURE OF OWNER/AUTHORIZED AGENT CERTIFICATION
DATE OF APPLICATION SUBMISSION AND PERMISSION TO UTILIZE
PHOTOGRAPHS OF THE PROPERTY IN THE CITY OF HAMILTON'S
PROMOTIONAL MATERIAL**

I, _____, certify that answers and information I have provided in this application are true and complete, including my answer to the question of whether or not I (or the principal(s) of the Corporation) have been convicted of any criminal offence for which a record suspension or pardon has not been granted.

I also give permission to the City of Hamilton to utilize photographs of the property in the City of Hamilton's promotional material.

Applicant's Signature

Date

If the applicant is not the owner of the land that is the subject to this application, written authorization of the Owner that the applicant is authorized to make the application must be included in this application.

CONSENT OF THE OWNER

Complete the consent of the owner concerning personal information set out below.

**CONSENT OF THE OWNER TO THE USE AND
DISCLOSURE OF PERSONAL INFORMATION**

I, _____, am the owner of the land that is the subject of this application and for the purposes of the Municipal Freedom of Information and Protection of Privacy Act authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application. I also give permission to the City of Hamilton to utilize photographs of the property/project in their promotional material.

Name of Owner (please print)

Signature of Owner

Date

Owner's Information:	
Mailing Address:	
City:	
Postal Code:	
Telephone (H):	
Telephone (B):	
Cell Phone:	
Fax:	
If Corporation or Partnership Name of Registered Shareholders/Partners and percentages of ownership)	
The personal information on this form is collected under the legal authority of the Planning Act, Section 28. The personal information will be used for determining your eligibility for a grant. If you have any questions about the collection, please contact the Commercial Districts and Small Business Section, Planning and Economic Development Department, 71 Main Street West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2424 x2755.	