

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. 7519

COMMERCIAL DISTRICT HOUSING OPPORTUNITIES PROGRAM PRE-APPLICATION FORM

IF ANY OF THE IMPROVEMENTS FOR WHICH A LOAN/GRANT IS BEING SOUGHT CONSIST OF

| Has there been or will there be upon completion of the project any residential rental tenant displacement? | Yes | No | | | |
|--|-----|----|--|--|--|
| Has the project been approved for financial assistance under a Canada Mortgage and Housing Corporation (CMHC), Federal, Provincial or City program for the purposes of creating residential rental housing to address housing affordability in the city? | Yes | No | | | |
| Has the existing building been entirely vacant for at least two years prior to a program pre-application being submitted to the City (not including periods of vacancy due to renovations)? | Yes | No | | | |
| Is the property owner/program applicant a registered not-for-profit organization? | Yes | No | | | |
| Are the interior renovations primarily to support improvements to a commercial | | | | | |
| space or to improve/replace shared building services utilized by both a commercial space and the rental residential units within the same building (such as plumbing, electrical or Heating, Ventilation and Air Conditioning (HVAC) systems) and do not include renovations within individual residential rental units? | Yes | No | | | |
| Are the planned renovations solely in response to the landlord/property owner being ordered to make repairs under any act or law? If so, which act or law? | Yes | No | | | |
| Are the renovations intended to support the legalization and/or recognition of an existing residential rental unit, without which, the unit would no longer be permitted to be occupied? | Yes | No | | | |
| Important Program Information: | | | | | |
| 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. 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. | | | | | |
| THE APPLICANT/ PROPERTY OW | NER | | | | |
| Property Owner/Applicant - (Name of Corporation or Partnership | | | | | |

| - if applicable, otherwise name(s) of Individual Property Owners) | | | |
|---|-------------|--|----|
| Contact Name | | | |
| Address of Applicant | | | |
| City | Postal Code | | |
| Telephone Number | Fax | | |
| Cell Phone Number | Email | | |
| Are you or any of the Directors/Shareholders/Partners/Owners in litigation with the City of Hamilton? | | | No |

Commercial District Housing Opportunities Program Pre-Application (April 2022)

| | Corpor | ration/P | artnership | | | |
|---|-------------------|-----------------------------------|---------------------|---------------------------------|-----------------------------|-----|
| Date of Incorporation Date of Business Registration | | | | | | |
| Names of Registered Shareholders/Partners | | % | Names of Reg | egistered Shareholders/Partners | | % |
| | | | | | | |
| | | | | | | |
| | Add additi | onal pag | es as needed | | | |
| | THE | E PROI | PERTY | | | _ |
| Property Address No. of Storeys | | | | | | |
| No. of Existing Commercial Units | No. of E | No. of Existing Residential Units | | Total | Total No. of Existing Units | |
| No. of New Commercial Units Proposed | No. of ne | No. of new Res. Units Proposed | | Total | Total New Units Proposed | |
| Total No. of Commercial Units | Total No | o. of Res | | | No. of Units | |
| | CUF | RENT | USES | | | - |
| For each storey of the building (i.e. Below of and/or occupied residential units, number of commercial units. (Add additional pages if | of vacant comm | | | | | |
| | | | | | | |
| | | | DUSES | | | |
| Will the proposed | | | | Yes | No | |
| If the Proposed Uses will differ from the current uses please indicate for each storey of the building what the proposed uses are, the number of commercial and/or residential units, approximate square meters of commercial units. (Add additional pages if necessary). | | | | | | |
| | | | | | | |
| т | O BE ANSWEI | RED BY | ALL APPLICAN | TS | | |
| At the time of submission of this applicatio occupied residential rental units on any pro application? If yes, please identify the addr units in the space below. | perty that is the | e subjec | t of this | Yes | No | |
| Commercial District Housing Opportun | itios Program I | Dro App | lication (April 200 | 2) | Page 2 of | : 2 |

| REQUIREMENTS | | | | | |
|---|---|--|---|--|--|
| 1. | All proposed uses must comply with applicable policy and regulations. Please note that additional project details will be required as part of the full application submission to demonstrate conformity with all relevant policy documents including the City of Hamilton Official Plan and Zoning By-law, and any other applicable plans and documents, including the Niagara Escarpment Plan. | | | | |
| 2. If the property is located within the Niagara Escarpment Development Control Area, a Niagara Escarpment Development Permit may be required. The applicant must contact the Niagara Escarpment Commission (905-877-5191) to determine if the proposal complies with the Niagara Escarpment Plan and if a Niagara Escarpment Development Permit is required. The Niagara Escarpment Commission will issue proof of compliance to be submitted to the City with the full application. | | | | | |
| SIGNATURE OF PROPERTY OWNER(S)-AFFIDAVIT OR SWORN DECLARATION DATE OF APPLICATION SUBMISSION | | | | | |
| I solemnly declare that the information contained in this application is true, and that the information contained in any documents that accompany this application is true. I/we solemnly declare, I/we have authority to bind the entity. | | | | | |
| Name (plea | se print) | Signature | Date | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Freedom of Inf eligibility. If yc Renewal Incer | formation a ou have any ntives, Com | rm is collected under the legal authorities provided in the Mur nd Protection of Privacy Act and the Planning Act and will be u questions about the collection of this information, please con- mercial Districts and Small Business Section, City of Hamiltor et West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2424 | ised primarily to determine grant act the Co-ordinator of Urban Planning and Economic Development | | |