



## Façade Improvement Program Application



PH: 519-688-3009    FX: 519-688-0759

For use by Principal Authority (Town of Tillsonburg)					
Date Received:					
Application submitted to <u>TOWN OF TILLSONBURG – 10 Lisgar Ave. Tillsonburg, ON. N4G 5A5</u>					
<b>****ALL SECTIONS AND INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION****</b>					
<b>A. Project Information</b>					
Building number, street name					Unit number
TOWN OF TILLSONBURG					Postal code
<b>B. Applicant is:</b>					
<input type="checkbox"/> Owner or			<input type="checkbox"/> Authorized Agent of Owner		
Last name		First name		Corporation or partnership	
Street address				Unit number	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number (    )		Fax (    )		Cell number (    )	
<b>C: Owner (if different from applicant)</b>					
Last name		First name		Corporation or partnership	
Street address				Unit number	Lot/con.
Municipality		Postal code	Province	E-mail	
Telephone number (    )		Fax (    )		Cell number (    )	
<b>D. Confirmation</b>					
<p>The Façade Improvement Design Fee is a nominal fee used to retain the façade improvement designer to meet, consult and prepare design concepts for the Façade Improvement Grant Program. The design fee is <b>only</b> refundable upon completion of an approved façade improvement project.</p> <p><input type="checkbox"/> Design fee can be paid by cheque in the amount of \$500 payable to the Tillsonburg BIA.</p> <p>Once payment has been processed, the BIA will notify the designer.</p>					
<b>E. Declaration of Applicant</b>					
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <ol style="list-style-type: none"> <li>1. The information contained in this application is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol> <p>I/WE HEARBY AGREE that the program for which application has been made herein is subject to availability of funding, cancellation, and/or change at any time by the Town of Tillsonburg/Tillsonburg BIA in its sole discretion.</p> <p>I/WE HEARBY AGREE all grants will be calculated and awarded in the sole discretion of the Town of Tillsonburg/Tillsonburg BIA. Notwithstanding any representation by or on behalf of the Town of Tillsonburg/Tillsonburg BIA, or any statement contained in the program, no right to any grant arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the Program and the Grant agreement. The Town of Tillsonburg/Tillsonburg BIA is not responsible for any costs incurred by the owner/Applicant in any way relating to the program, including, without limitation, costs incurred in anticipation of the grant.</p>					
Date			Signature of Applicant		

**Notice of Collection:**

Correspondence intended for Committee and/or Council is generally received as public information, subject to the Municipal Freedom of Information and Protection Act and will be part of the public record.

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