



7855 Sideroad 30  
Alliston, ON L9R 1V1

Telephone: 705-434-5055  
Fax: 705-434-5051

**ECONOMIC  
DEVELOPMENT  
FUNDING  
REQUEST FORM**

FOR OFFICE USE ONLY	
Application Received By:	
Application File Number:	Date Received:
Assigned Application File Name:	
Previous Related Application Numbers on the Property:	

**PLEASE READ BEFORE COMPLETING APPLICATION**

*You are responsible for ensuring that you have submitted a complete application including all prescribed information. If your proposal requires amendments to the Township Official Plan or Zoning By-law, you must provide appropriate information and justification to support your request. Incomplete and illegible applications will be returned to applicant until satisfactory.*

**1. PROPERTY OWNER INFORMATION (please print)**

**1.1 Applicant(s) Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**1.2 Owner(s) Name (If Different from Above):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**1.3 Agent's Name & Firm:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**1.4 The primary contact for all matters relating to this application (pick one):**

- Applicant
  Owner
  Agent



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**2. LEGAL DESCRIPTION**

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_

Registered Plan: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Municipal Address: \_\_\_\_\_

**3. EXISTING PROPERTY INFORMATION**

Describe the Current Use

\_\_\_\_\_  
\_\_\_\_\_

Are property taxes paid in full on this property?

Yes       No

Are there any outstanding work orders on this property?

Yes       No

**4. PROJECT DESCRIPTION**

Please describe the proposed project requiring economic development funding (please attach further information/sketches as required).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information/Drawing Included:    YES    /    NO



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**5. CONSTRUCTION COST ESTIMATES**

Please attach two cost estimates (including taxes) from licensed contractors for work to be performed.

Construction Estimate (\$): \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Construction Estimate (\$): \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Total Grant Requested (\$): \_\_\_\_\_

**6. CONSTRUCTION SCHEDULE**

Approximate Start Date of Construction: \_\_\_\_\_

Approximate End Date of Construction: \_\_\_\_\_

**7. REQUIRED SUPPORTING DOCUMENTATION**

Please place a check box to ensure that you have included the required supporting documentation.

- Photographs of the existing building
- A site plan and/or professional design/study/architectural drawings
- Specification of the proposed works, including a work plan for the improvements to be completed and construction drawings
- Two (2) detailed cost estimates for eligible work provided by a licensed contractor



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**8. OWNER'S AUTHORIZATION**

To be completed if an applicant is an agent representing the property owner.

I, \_\_\_\_\_, being the registered owner of the  
subject lands hereby authorize \_\_\_\_\_ to prepare and  
submit this application for economic development funding.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**9. APPLICATION DECLARATION**

I, \_\_\_\_\_, solemnly declare that I am (choose  
one of the following)  The Owner  An Officer / Employee of the Owner  The Agent of the Owner  
and that all above statements contained within this application are true and accurate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**10. PERMISSION TO ENTER**

The Applicant acknowledges that a site visit may be required and authorizes the Town staff to enter  
onto the subject lands for the purpose of reviewing this Application.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_