



P.O. Box 40
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 Stirling, Ontario. K0K 3E0
 Phone: 613-395-3380
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**FAÇADE AND SIGNAGE IMPROVEMENT AREA
 COMMERCIAL PROPERTY IMPROVEMENT GRANT/LOAN PROGRAM
 APPLICATION FORM**

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Façade | <input type="checkbox"/> Grant/Loan |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Grant |
| | <input type="checkbox"/> Loan |

Application Number (assigned by staff):	
Date Application Received:	

APPLICANT INFORMATION

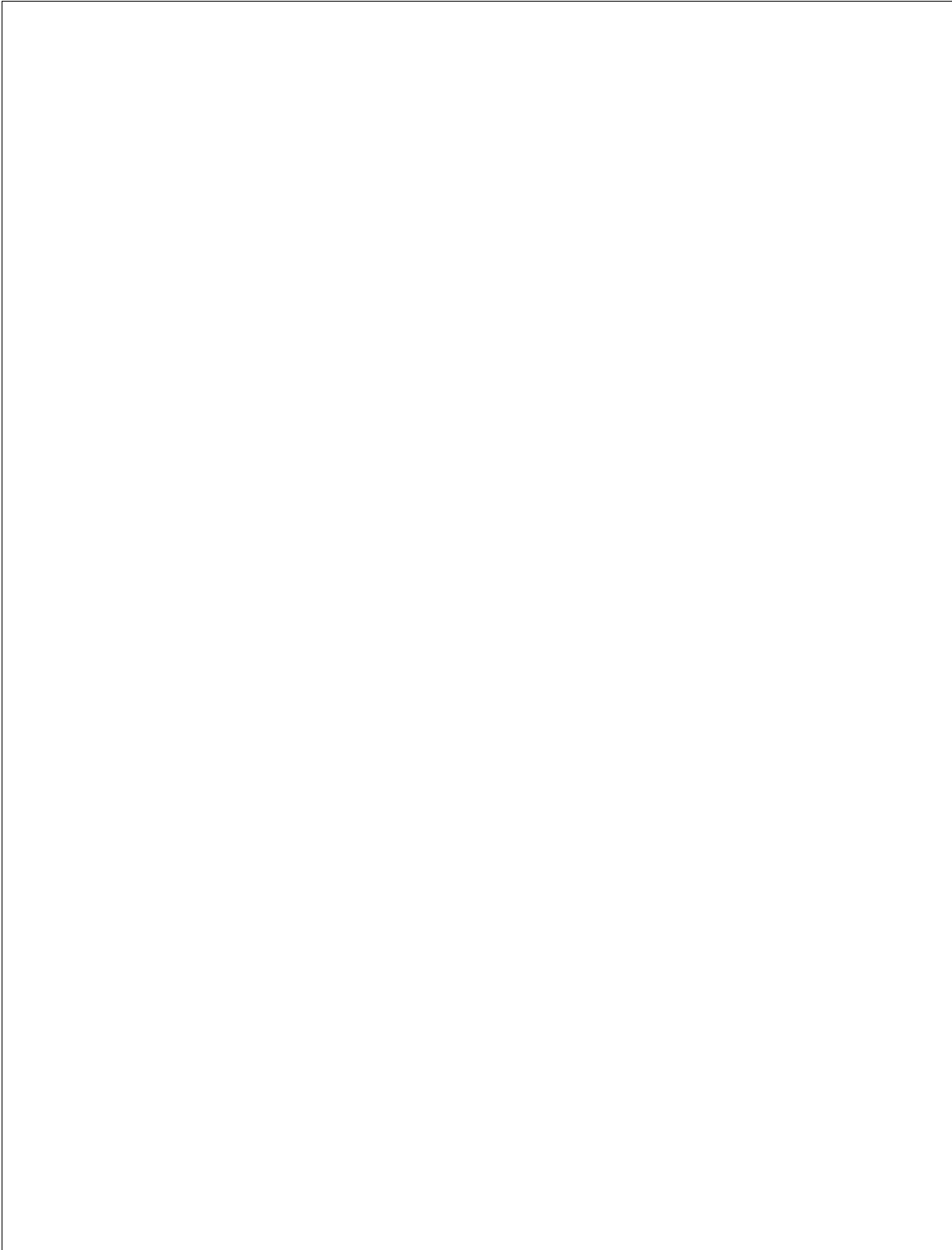
Property Address:	
Property Owner:	
Name of Tenant:	
Name of Business:	
Mailing Address:	
City/Postal Code:	
Telephone Number:	
Fax Number:	
Cell Phone Number:	

PROPERTY INFORMATION

Register Plan Number:	
Lot Number:	
Assessment Roll Number:	

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/loan. If you have any questions about the collection, please contact the Clerk-Administrator at (613)395-3380.

ATTACH A PICTURE OF THE EXISTING FAÇADE/SIGNAGE



SIGNATURE OF OWNER/AUTHORIZED AGENT
AFFIDAVIT OR SWORN DECLARATION
DATE OF APPLICATION SUBMISSION

I, _____ of the _____
make oath and say or solemnly declare that the information contained in this application
is true, and that the information contained in the documents that accompany this
application is true.

Sworn (or declared) before me at the _____

in the _____
this _____ day of _____, 200__

A Commissioner, etc.

Applicant's Signature

Authorization:

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

Name of Owner (please print)

Signature of Owner

Date

Owner's Contact Information:

Mailing Address: _____

City: _____

Postal Code: _____

Telephone (Home)

Telephone (Business)

Cell Phone

Fax

