



Business Improvement Area

FAÇADE IMPROVEMENT PROGRAM

Submission Requirements

Applicants are required to review their proposed improvements with the Town of Wasaga Beach's Economic Development Officer before the application is submitted. The preliminary review will assist with processing the application. Please direct any questions or comments regarding the submission requirements for the application to the Economic Development Officer.

Please ensure that the following items have been included in your submission:

Application Checklist:

- Description of Proposed Improvements – Designs/drawings attached**
 - Design/drawings drawn to scale with colours and materials specified. Please provide samples if available. (i.e. paint chips, brochures, product sample.)
 - Please provide a site plan drawn to scale or an existing survey.
 - Pictures of existing storefront.

- Copy of quote or cost estimate on vendor letterhead**
- Signature of owner/authorized agent** (if applicable)
- Application form complete**
- The proposed improvements adhere to the attached guidelines** (where applicable)

It is important to provide the necessary documentation to avoid delays in the processing of your application.

All required Municipal application fees and other approvals are the responsibility of the Applicant and must be addressed through the proper authorities.



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Application

Grant Application Form

Location of Subject Property:	Roll Number:	Municipal Address:
Applicant:	Name:	Phone:
	Address:	
Owner: (if different from Applicant)	Name:	Phone:
	Address:	
Existing Use(s):		Proposed Use(s):
Which façades are to be improved? (store front or signage) <input type="checkbox"/> Front façade faces _____ Street <input type="checkbox"/> Side façade faces _____ Street		
Description of the proposed façade improvement works or sign (paint colour and type, materials to be used, details of new sign): PLEASE ATTACH DETAILED DESIGN DRAWINGS AND SAMPLES		
Proposed contractor:		
Estimated Start Date: _____		

1. This application is being made in accordance with the “Town of Wasaga Beach’s Façade Improvement Program.” The undersigned hereby applies for the Façade Improvement Program in accordance with the application, drawings, specifications and quotes herewith submitted and acknowledges that the proposed work must comply with the provisions of the Building Code Act and the Ontario Building Code and any other statutes or regulations of the Province of Ontario, and all by-laws of The Corporation of the Town of Wasaga Beach. **I also acknowledge that it is understood any work initiated or carried out before the Façade Improvement Application is received and approved by the Town of Wasaga Beach is not eligible for funding.** I certify the truth of all statements or representations herein.

2.

Signature of Owner or Authorized Agent/Tenant
 (Agent/Tenant must have owner’s authorization)

Date

APPLICATION ELIGIBILITY & SUBMISSION GUIDELINES
Applicant's Version

The following is a checklist designed to assist the applicant and to accelerate the application process.

REQUIRED FOR APPROVAL

	Yes	No	Notes
1. Property Taxes paid in full	<input type="checkbox"/>	<input type="checkbox"/>	
2. No outstanding work orders (Building Dept.)	<input type="checkbox"/>	<input type="checkbox"/>	
3. No outstanding work orders (Fire Dept.)	<input type="checkbox"/>	<input type="checkbox"/>	
4. No outstanding By-Law enforcement matters (including property standards)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Conforms to Zoning By-law	<input type="checkbox"/>	<input type="checkbox"/>	
6. Business License has been obtained or a Professional Service (Physician, Dentist, Chartered Accountant, Lawyer Registered Massage Therapist, Chiropractor etc.) which does not require a Business license	<input type="checkbox"/>	<input type="checkbox"/>	

Owner's Authorization (to be completed if an agent/tenant is used to represent the owner):

I, _____ being the registered owner of the subject lands hereby authorize
_____ to prepare and submit this application for the façade improvement program.

Signature of Owner _____

Date _____