



**Section A General Information and Instructions**

1. Before completing this application, please read the attached Guide to Applying for a Tax Increment-Based Rehabilitation Grant and Brownfields Financial Tax Incentive Program, and arrange for a pre-application meeting with staff (see item 6 for contact information). The Program Guide describes the purpose and basic terms and conditions of the
  - a. **Tax Increment-Based Rehabilitation Grant**
  - b. **Brownfields Financial Tax Incentive Program**

**Applicants are advised that all applications must comply with the Brownfields Community Improvement Plan. All applicants should be familiar with the Plan and its requirements.**
2. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form.
3. Please include the following items with the application:
  - a. cost estimates for all eligible work
  - b. supporting documentation, i.e., actual written cost estimates (Phase III ESA or equivalent) from a qualified environmental consultant for the environmental remediation costs
  - c. cost estimates from a licensed contractor for all other eligible works
4. If an agent is acting for the property owner, please ensure that the required authorization is completed and signed by the owner as provided in Section I below.
5. Please type the information requested on the application form or print (black or blue ink).
6. Deliver your application in person or send it by mail to:

**City Of Kingston**  
**Environment and Sustainable Initiatives**  
**Attention: Nathan Richard, Project Manager, Brownfields**

<p><b><u>By Mail:</u></b>  <b>216 Ontario Street</b>  <b>Kingston, Ontario</b>  <b>K7L 2Z3</b></p>	<p><b><u>Or in person:</u></b>  <b>British Whig Building</b>  <b>310 King Street East</b>  <b>Kingston, Ontario</b></p>
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If you have any questions about this program, please contact Ms. Kim Jamieson:  
 Phone: 613-546-4291 x1272, email: [kjamieson@cityofkingston.ca](mailto:kjamieson@cityofkingston.ca)

**Type of Assistance Applied For (please check 1 or both)**

<b>BFTIP</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>TIGRP</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**-- PLEASE PRINT or Type in pdf document --**

**Application No.** \_\_\_\_\_  
(Office Use Only)



**Section B Applicant/Agent Information**

Name of Registered Property Owner

Mailing Address of Property Owner

Phone No:

Fax No:

E-mail:

**If the person(s) applying for this grant is not the owner of the property listed in Section C, please fill in the section below and attach written consent from the owner to make this application and conduct the study.**

Agent Information (if any)

Name of Registered Property Owner

Mailing Address of Property Owner

Phone No.

Fax No.

Email

Is this a joint application?

Yes  No

If yes, please provide the names of all applicants (e.g. other landowners, developers, etc.)



**Section C Property Information**

Municipal Address(es) of Property for which this Application is being submitted

Roll No.

Legal Description of Property (Lot and Plan Numbers)

Existing Property Use, History and other relevant property details (easement, right of way, etc)

Is the Property designated under Part IV of the Ontario Heritage Act?

Yes  No

Are there any outstanding work orders on this property?

Yes  No

Size of Property  Acres

Existing Buildings on Property? (if Yes, specify size below)

Yes  No

Building 1  Sq. Ft.

Building 2  Sq. Ft.

Building 3  Sq. Ft.

(Please list all additional buildings on a separate sheet)



Current Official Plan designation and Zoning category

**Section D Property Tax Information**

Current property taxes paid annually \$

(do not include local improvement or other special levies such as BIA levies)

Property Class	Assessed Value	Education Tax Rate	Municipal Tax Rate	Uncapped Tax Levy	Capped Tax Levy
Total					
Eligible Amount					

Is this property in tax arrears? Yes  No

If yes, specify value of tax arrears

Have tax arrears been cancelled (in whole or in part) on this property under any other City program?

Yes  No

If yes, please specify program and amount of financial assistance received from the City.



**Section E Environmental Information**

Describe environmental contamination issues (soil, groundwater) affecting the site, including type of contaminants, extent, causes (brief site use history), underground storage tanks (UST), above ground storage tanks (AST), etc. **(Attach Phase II ESA marked as Schedule "A")**

Provide an estimate of eligible remediation and other costs as shown below.

**(Attach Phase III ESA/Remedial Action Plan and/or other consultant reports and/or work plan/budget that provides estimates of these costs – marked as Schedule "B", "C", etc. as required).**

**TIGRP** - Eligible rehabilitation costs under TIGRP include:

* 100% of the cost of environmental rehabilitation	\$ <input style="width: 150px; height: 20px;" type="text"/>
* 100% of the costs of placing clean fill and grading	\$ <input style="width: 150px; height: 20px;" type="text"/>
* 100% of the cost of a Phase II ESA, Phase III ESA, and/or a Site-Specific Risk Assessment (SSRA) not covered by the Initial Study Grant	\$ <input style="width: 150px; height: 20px;" type="text"/>
100% of the cost of preparing a Record of Site Condition (RSC)	\$ <input style="width: 150px; height: 20px;" type="text"/>
100% of the cost of demolishing buildings	\$ <input style="width: 150px; height: 20px;" type="text"/>
50% of the cost of constructing/improving on-site infrastructure, including water services, sanitary sewers and storm water management facilities, and gas, hydro and communication utilities	\$ <input style="width: 150px; height: 20px;" type="text"/>
100% of the cost of establishing an environmental monitoring program, and the cost of operating and maintaining the environmental technologies, where said technologies are directly related to the rehabilitation of the site, as specified in the Remedial Work Plan (Cost may be based on either the present value of future costs or pro-rated costs, for a maximum period of twenty (20) years)	\$ <input style="width: 150px; height: 20px;" type="text"/>



\* 100% of the financing cost (interest charges) of preparing the studies and undertaking the rehabilitation

\* 100% of the cost of the insurance premiums to guarantee that the remediation will be completed

100% of the legal costs associated with the preparation of legal agreements pertaining to the following:

1/ The preparation, review and implementation of the Remedial Work Plan

2/ The review and implementation of any Brownfield By-Law and/or Brownfield Site Agreement

3/ The filing of the Record of Site Condition (RSC)

100% of the cost of obtaining assessment estimates for the property in order to estimate the tax differential between the pre-development and post-development property taxes

100 % of the cost, or the shared portion of the cost, of the following Leadership in Energy and Environmental Design (LEED) Program components;

1/ The base plan review by a certified LEED consultant

2/ The preparation of new working drawings of a LEED standard

3/ The submission and administration costs associated with both the constructed element testing and the certification proof used to determine the LEED designation

**Estimated Total Eligible Costs**

*\* Denotes eligible costs necessary for both BFTIP and TIRGP Applications.*



**Section F Development Information**

Provide a detailed description (building size/type, etc...) of the proposed development to be constructed on the site once the site has been environmentally remediated (please attach construction drawings, site plan(s) or concept drawings).

**For Office Use**

Development Charges/Impost Fee Exemption	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What level of exemption qualifies?	<input type="text"/> %	
Calculate value of exemption:		
a) Number of proposed units:	<input type="text"/>	
b) Development Charge:	<input type="text"/> \$	per unit
Total Value of (a) X (b)	<input type="text"/> \$	
c) Impost Fees:	<input type="text"/> \$	
Total Value of (a) X (c)	<input type="text"/> \$	
<b>Total Exemption</b>	<input type="text"/> \$	



**Section G Required Planning Approvals**

Have you pre-consulted with the Planning Division to determine the planning approvals required?

Yes  No

Please identify planning approvals required:

OPA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	application filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Zoning By-Law Amendment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	application filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Draft Plan of Subdivision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	application filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Draft Plan of Condominium	Yes <input type="checkbox"/>	No <input type="checkbox"/>	application filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
'H' Removal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	application filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Plan Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	application filed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Estimated construction value of the proposed development

Estimated construction start date (Month/Year)

Estimated construction end date (Month/Year)

**Section H Other Sources of Funds**

Have you applied for or will you be obtaining any other sources of government funding? (Includes Federal, Provincial, Federation of Canadian Municipalities, etc)

Yes  No

If yes, please list other sources and amounts of government funding:

Program:  \$

Program:  \$





**Section I Authorization**

I, \_\_\_\_\_ am the owner of the land that is subject to this application and I hereby authorize my agent/solicitor to make this application and to act on my behalf in regard to this application.

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(City/Town of....) Day Month Year

\_\_\_\_\_  
Name of Owner  
(Please Print)

\_\_\_\_\_  
Signature of Owner

**Section J Sworn Declarations<sup>1</sup>**

I/WE HEREBY APPLY for a grant under this program.

I/WE HEREBY AGREE to abide by the terms and conditions of the Tax Increment-Based Rehabilitation Grant and the Brownfields Financial Tax Incentive Programs as specified in the City of Kingston Community Improvement Plan – Brownfields Project Areas 1A & 1B.

I/WE HEREBY AGREE to enter into a Brownfields Site Agreement with the City of Kingston that specifies the terms and conditions of the grant, and acknowledge that tax assistance and TIRGP funding are contingent on entering said agreement.

I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the City of Kingston by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY AGREE that any work carried out prior to written receipt of grant approval is not eligible for funding under this program.

I/WE HEREBY GRANT PERMISSION to the City of Kingston, or its agents, to inspect my/our property prior to, during, and after environmental remediation, site rehabilitation and project construction.

I/WE HEREBY ACKNOWLEDGE that the program for which application has been made herein is subject to discontinuation, cancellation or change at any time by the City of Kingston in its sole discretion, without notice or liability. Only participants in the program whose application has been approved and who have entered into a Brownfields Site Agreement with the City of Kingston will



continue to receive their grant, subject to meeting all of the terms and conditions of their Brownfields Site Agreement.

I/WE HEREBY AGREE that all grants will be calculated and awarded in the sole discretion of the City and that notwithstanding any representation by or on behalf of the City, or any statement contained in the program, no right to any grant arises until it has been duly authorized and paid.

I/WE ACKNOWLEDGE that the City is not responsible for any costs incurred by me/us in any way relating to the program, including, without limitation, costs incurred in anticipation of a grant.

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(City/Town of....) Day Month Year

\_\_\_\_\_  
Name of Owner or Authorized Agent  
(Please print)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Signature of Owner or Authorized Agent

**Required Attachments: Refer to checklist**

<sup>1</sup> This declaration must be sworn by a Commissioner of Oaths.