

Medicine Hat Downtown Development Incentive Program 2019 APPLICATION FORM

Save this fillable form to your desktop.

Complete form answering all mandatory and applicable sections.

Form may be signed using your electronic signature or print form and sign manually.

Email fully completed form to business@medicinehat.ca or fax form to 403.502.8055 or deliver to Land & Business Support, Third Floor, City Hall 580 First Street SE.

Incomplete forms with missing information will not be processed.

Note: Applications are processed on a first come/first served basis starting Monday, March 25, 2019 at 9 AM. Applications received before this time will not be processed.

Applicant Information (must be registered property owner)			
Applicant's Name	Phone	Cell	Fax
Mailing Address	City	Province	Postal Code
Payments will be made to the Registered Property Owner only. Select preferred payment option.		Mail Cheque Direct Deposit (complete City of Medicine Hat Vendor Direct Deposit Form at www.medicinehat.ca/DDIP)	
Is the property a registered Partnership? NO YES If YES, list partners below.			
Is the property a registered Corporation? NO YES If YES, list directors, officers, and shareholders below.			
1. Name:		Email:	
Mailing Address:		Phone:	
2. Name:		Email:	
Mailing Address:		Phone:	
3. Name:		Email:	
Mailing Address:		Phone:	
If more space is required, please continue listing names on a separate sheet of paper.			

Project Information	
Civic Address of Proposed Project	Property Tax Account # <small>(phone 403.529.8111 if you cannot locate your account #)</small>
Does the building have historical significance or heritage value? NO YES <i>If YES, you are encouraged to review information with regard to the Provincial and Municipal Heritage Programs.</i>	

Submission Requirements		
Are the property's municipal taxes current?	NO	YES
Are the property's utility fees current?	NO	YES
Is the property the subject of any Work Orders, Notices to Comply or pending By-law infractions?	NO	YES
Does the work to be undertaken conform to the City of Medicine Hat Zoning By-law and all applicable guidelines?	NO	YES
Is the property within the geographic area of this program as identified in the Downtown Redevelopment Plan? (view DDIP boundary map at www.medicinehat.ca/DDIP) (only properties within the boundaries of the mapped area will be considered for approval)	NO	YES
Has the subject of this grant application received or is pending receipt of any insurance payouts? If YES, please describe	NO	YES
Is this property development occupied by a business? If YES, what is the name of the business? _____ If YES, what is the business license number? _____ (phone 403.403.529.8135 if you cannot locate your business license)	NO	YES

Programs and Project Cost	
<i>(select NO or YES for all programs that are being applied for and the amount you are requesting, even if that amount is zero)</i>	
Commercial Development Grant	NO YES
(receive up to \$25,000 towards major renovations or new construction of a commercial building)	
Eligible costs include: <i>(check all applicable costs and provide the total amount being applied for even if the amount is zero)</i>	
<ul style="list-style-type: none"> offsite levy fees architect fees engineering fees utility infrastructure upgrades to service the property. Specifically those costs associated with upgrades from the City's nearest point of service to the meter on the property (i.e. Gas, electric, water). development permit fees, building permit fees and/or other permit fees required for the installation of related building services safety inspection request fees 	
(enter zero if not applying for) SUB-TOTAL \$ _____	
Multi-family Development Grant	NO YES
(receive up to \$25,000 towards redevelopment or new construction on a multi-family project consisting of 4 or more residential units with units a minimum size of 74 square metres (800 SF)).	
Eligible costs include: <i>(check all applicable costs and provide the total amount being applied for even if the amount is zero)</i>	
<ul style="list-style-type: none"> offsite levy fees architect fees engineering fees utility infrastructure upgrades to service the property. Specifically those costs associated with upgrades from the City's nearest point of service to the meter on the property (i.e. Gas, electric, water). development permit fees, building permit fees and/or other permit fees required for the installation of related building services safety inspection request fees 	
(enter zero if not applying for) SUB-TOTAL \$ _____	

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Live / Work Residential Development Grant NO YES

(up to \$5,000 towards development of a residential living space minimum unit size of 93 square metres (1000 SF) connected to their commercial building).

Eligible costs include: *(check all applicable costs and provide the total amount being applied for even if the amount is zero)*

offsite levy fees

architect fees

engineering fees

utility infrastructure upgrades to service the property. Specifically those costs associated with upgrades from the City's nearest point of service to the meter on the property (i.e. Gas, electric, water).

development permit fees, building permit fees and/or other permit fees required for the installation of related building services

safety inspection request fees

(enter zero if not applying for) SUB-TOTAL \$ _____

Architectural & Visual Enhancement Grant NO YES

(up to \$5,000 for facade and exterior commercial building improvements)

Eligible costs include: *(check all applicable costs and provide the total amount being applied for even if the amount is zero)*

development permit fees, building permit fees and/or other permit fees required for the installation of related building services.

awnings, glazing, general repair or replacement of exterior finishes.

(enter zero if not applying for) SUB-TOTAL \$ _____

Environmental Site Assessment and Remedial/Risk Management Grant NO YES

(up to \$20,000 to assist in the costs of environmental site assessments and completion of a remedial or risk management plan).

Eligible costs include: *(check all applicable costs and provide the total amount being applied for even if the amount is zero)*

environmental assessment

completion of a remedial or risk management plan

(enter zero if not applying for) SUB-TOTAL \$ _____

APPLICATION TOTAL (sum of all sub-totals) \$ _____

The allowable maximum, per qualifying civic address, is \$50,000 over the lifetime of the Downtown Development Incentive Program.

Proposed Use of Funds

Describe project in detail including time lines

Please attach any additional supporting pages to this Application

Please complete if utility infrastructure upgrades to service the property are required.

Select if the upgrade is required by: **Safety Codes** **CMH (City of Medicine Hat) Bylaw**

The **ELECTRICAL** is being replaced because,

The **GAS LINE** is being replaced because,

The **WATER & SEWER LINES** are being replaced because,

Estimated project completion date: _____

All eligible expenses incurred must be submitted on the 20196 DDIP Detailed Expense form by December 31, 2020.

Expenses incurred prior to January 1, 2019 and after December 31, 2020 will not be eligible.

The 2019 DDIP program will not accept requests for payment after December 31, 2020.

Estimated Total Project Investment: *(please assist us in understanding the amount of investment occurring in our downtown by providing an estimate of the total cost of your project including any additional costs beyond the eligible costs identified above)*

\$ _____

Freedom of Information and Protection of Privacy (FOIPP):

THE INFORMATION PROVIDED BY THE APPLICANT ON OR WITH THIS APPLICATION IS PERSONAL INFORMATION AS DEFINED IN THE *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*, R.S.A. 2000 C. F-25, AS AMENDED FROM TIME TO TIME (THE “ACT”), AND IS COLLECTED PURSUANT TO SECTION 33(C) OF THE ACT. THE INFORMATION COLLECTED SHALL BE USED BY THE CITY OF MEDICINE HAT FOR THE FOLLOWING PURPOSES:

- (a) reporting non-identifying information to City Council on the progress of the Downtown Development Incentive Program;
- (b) and, determining applicant(s) eligibility for grants under the Downtown Development Incentive Program.

Any questions or concerns regarding this collection of personal information should be directed to:

City Clerk Office, City Hall
580 - 1 Street SE
Medicine Hat, AB T1A 8E6
Phone: (403) 529-8115

Declaration:

By submitting this application form for the purposes of application for any of the incentive programs to the Medicine Hat Downtown Development Incentive Program, I/We

- understand that the Property must meet all applicable building safety codes, development requirements and comply with zoning requirements upon completion;
- agree to provide an on-sight post-improvement review by the Business Support Office upon completion of my project;
- understand that I must provide receipts identifying payment for the costs applied for in the grant;
- hereby authorize the City of Medicine Hat to obtain verification of any information contained in this application or submitted in support of this application from any source the City of Medicine Hat deems advisable;
- certify that I have read and agree to the criteria, terms, conditions and requirements set out in the application form and program information package;
- certify that all representations, statements and information contained in the application form submitted are true and correct, acknowledge that my personal information, including my name, address, phone number and information relating to business activities is being collected by the City Of Medicine Hat for the purposes outlined above under the Freedom of Information and Protection of Privacy Act (FOIPP) and the City Of Medicine Hat may share limited personal information;

Name (Registered Property Owner(s)):

Signature (Registered Property Owner(s)):

Date:
