



## **Brownfields Renaissance Community Improvement Plan Tax Cancellation and Grant Programs Application Information and Instructions**

### **Pre-Application Consultation**

Prior to the submission of this application, applicants are strongly encouraged to consult with staff of Planning Services in the Development Services Department. Early consultation can result in the identification of matters that will significantly assist in the processing of the application.

Questions in respect to the application and process or requests with staff before an application is submitted may be made in person at: Planning Services, City Hall, 8th Floor, Rundle Tower, 50 Centre Street South, Oshawa, by telephone at 905-436-3853 or by email at [planning@oshawa.ca](mailto:planning@oshawa.ca).

### **Submission Requirements**

- One (1) copy of a fully completed application is submitted to:  
Director, Planning Services  
Development Services Department  
Corporation of the City of Oshawa  
50 Centre Street South (8th Floor)  
Oshawa, Ontario L1H 3Z7

#### **Note:**

1. Completed tax cancellation and grant applications are processed on a first come first served basis. Upon acceptance of your tax cancellation and grant application, you will be subsequently provided a committal letter advising of your eligibility for the programs subject to any terms and conditions contained in the committal letter.
2. If you are applying for a Brownfield Study Grant, please attach a quote/proposal for the proposed work that is eligible for the grant. You may need to request your qualified consultant to separate these costs from other costs not considered eligible for the grant. Please ensure that the quote/proposal indicates the name, address, phone and contact for the consultant firm.
3. The Council of the City of Oshawa must approve applications to participate in any program in the City of Oshawa Brownfields Renaissance Community Improvement Plan.



# Brownfields Renaissance Community Improvement Plan Tax Cancellation and Grant Programs Application

|                   |
|-------------------|
| <b>Office Use</b> |
| File Number:      |
| Checked by:       |

Please indicate which of the following programs you are applying for. You may be eligible for more than one program.

- Brownfields Study Grant Program
- Brownfields Property Tax Cancellation Program
- Brownfields Redevelopment Grant Program

## 1. Registered Owner/Agent

| Name              | Mailing Address | Contact Information |
|-------------------|-----------------|---------------------|
| Registered Owner* |                 | Telephone           |
|                   |                 | Fax                 |
|                   |                 | Email               |
| Agent             |                 | Telephone           |
|                   |                 | Fax                 |
|                   |                 | Email               |

\* If more than one Registered Owner, please attach a sheet of paper with the required information. If numbered company, give name and address of principal Registered Owner.

## 2. Property Information

|  |                 |                       |                |
|--|-----------------|-----------------------|----------------|
| <b>Location and Description</b>                          |                 |                       |                |
| Municipal Address(es) (Street Number and Name of Street) |                 |                       |                |
| Lot(s)   | Concession(s)   | Former Twp.           |                |
| Registered Plan Number                                   | Lot(s)/Block(s) | Reference Plan Number | Part Number(s) |
| Area (sq. m./ha)   |                 | Municipal Roll Number |                |

|  |  |
|--|--|
| Existing use:  |  |
| Current Oshawa Official Plan designation:            |  |
| Current Part II Plan designation (where applicable): |  |
| Current Zoning:                                      |  |

History and other relevant details (e.g. easement/right-of-way):

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**3. Environmental Information**

Describe environmental contamination issues (soil, groundwater) affecting the site including types of contaminants:

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**4. Brownfields Study Grant Programs**

Proposed Cost in Estimate or Letter Proposal: \$ \_\_\_\_\_

Brownfield Study Grant requested (50% of cost to a \$10,000 maximum): \$ \_\_\_\_\_

Copy of Estimate or Letter Proposal attached:  Yes  No

Detailed description of Study:

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**5. Brownfields Property Tax Cancellation Program**

Current Assessed Value: \$ \_\_\_\_\_

Current Annual Property Taxes paid: \$ \_\_\_\_\_

Estimated cost of eligible program items  
(please consult the CIP and City staff): \$ \_\_\_\_\_

Estimated duration of tax cancellation period: \_\_\_\_\_

Details of eligible program items and related cost estimates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. City of Oshawa Brownfields Redevelopment Grant Program**

Current Assessed Value: \$ \_\_\_\_\_

Current Annual Property Taxes paid: \$ \_\_\_\_\_

Estimated total cost of eligible program items (consult the CIP and City staff): \$ \_\_\_\_\_

Estimated Post Development Assessed Value: \$ \_\_\_\_\_

Estimated annual City Redevelopment Grant: \$ \_\_\_\_\_

Details of eligible program items and related cost estimates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Other Information**

**(a) Construction Schedule**

Approximate date of Construction commencement: \_\_\_\_\_

Approximate date of Construction completion: \_\_\_\_\_

Approximate date Redevelopment Grant to be initiated (please consult with City staff): \_\_\_\_\_

**(b) Status of Taxes on the Lands that are the Subject of this Application**

Have all applicable taxes been paid on the lands that are the subject of this application?  Yes  No

**8. Covenant**

I/We hereby apply for a commitment under this program and agree to abide by the terms and conditions of the program.

Without limiting any of the foregoing, I/we understand that the committal may be reduced or cancelled if the work is not completed, not completed as approved, or if the contractors are not paid.

I/We hereby certify that the information given herein is true, correct and complete in every respect and understand that the City reserves the right to verify any information contained herein.

I/We, the undersigned, agree that the completed improvements are subject to inspection by City Officials and will be carried out in accordance with the requirements of this program and other applicable City of Oshawa by-laws.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registered Owner or Authorized Signing Officer of the Corporation

\_\_\_\_\_  
Title

I/We have the authority to bind the company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**9. Authorizations**

If this application is to be signed by an agent or solicitor on behalf of an owner, please complete this section. If the property is in joint ownership, each individual signature is required. If the applicant is a corporation, the application shall be signed by an officer of the corporation and the corporation's seal shall be affixed.

I, \_\_\_\_\_ (the Owner/Grantor) hereby authorize \_\_\_\_\_ (solicitor/agent) to act on my behalf in regard to the above application.

Dated at the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Grantor(s)

\_\_\_\_\_  
Name (please print)