



# **BROWNFIELD PROPERTY TAX ASSISTANCE / REHABILITATION GRANT APPLICATION FORM**

## **A. General Information and Instructions**

1. Before filling out this application form, **please read the attached Program Guide** and arrange for a pre-application meeting with staff. The Program Guide describes the purpose, basic terms and conditions of the **Brownfields Property Tax Assistance Program and the Brownfields Rehabilitation Grant Program.**
2. 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 C below.
3. 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.
4. **Please attach to the application the required supporting documents as requested by City staff, including:**
  - a) **all environmental studies (Phase I ESA, Phase II ESA, Designated Substances and Hazardous Materials Survey, Remedial Action Plan (RAP), Risk Assessment;**
  - b) **detailed work plan and cost estimate prepared by a qualified person (as defined by the Environmental Protection Act and Ontario Regulation 153/04) for all eligible environmental remediation and risk assessment/risk management works (if not already included in the above environmental studies);**
  - c) **a cost estimate prepared by a bona fide LEED certification specialist for all eligible LEED program component costs;**
  - d) **a cost estimate prepared by a bona fide contractor for all rehabilitation/redevelopment costs; and,**
  - e) **a set of detailed architectural/design and/or construction drawings.**

An application will not be considered complete until all required documents have been submitted.

5. Please ensure that the application form is complete and that all required signatures have been supplied.
6. Please print (black or blue ink) or type the information requested on the application form.
7. You may deliver your application in person or send it by mail to:

City of Windsor  
Planning Department  
400 City Hall Square East, Suite 404B  
Windsor, ON.  
N9A 7K6  
**Attention: Greg Atkinson**

*If you have any questions about this program, please contact Greg Atkinson, Senior Planner by phone at (519) 255-6543 extension 6582 or via e-mail at [gatkinson@citywindsor.ca](mailto:gatkinson@citywindsor.ca)*



**BROWNFIELD PROPERTY TAX ASSISTANCE /  
REHABILITATION GRANT  
APPLICATION FORM**

**--PLEASE PRINT--**

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

**B. Owner Information**

Name of Registered Property Owner

\_\_\_\_\_

Mailing Address of Property Owner

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Owner's Solicitor

\_\_\_\_\_

Mailing Address of Solicitor

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



**BROWNFIELD PROPERTY TAX ASSISTANCE /  
REHABILITATION GRANT  
APPLICATION FORM**

**C. Agent Authorization and Information**

If the property owner is authorizing an agent to act on his/her behalf in making this application, please complete and sign this section. If an agent is authorized, all correspondence will be sent to the authorized agent. If no agent is authorized, all correspondence will be sent to the property owner.

I, \_\_\_\_\_ am the owner of the land that is subject of 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

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

**Agent Information (if any)**

Name of Agent \_\_\_\_\_

Mailing Address of Agent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_



**BROWNFIELD PROPERTY TAX ASSISTANCE /  
REHABILITATION GRANT  
APPLICATION FORM**

**D. Property Information**

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

.....  
.....

Assessment Roll Number(s)

.....

Legal Description of Property (Lot and Plan Numbers)

.....  
.....

Existing Property Use

.....  
.....  
.....

Is 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?      Yes      \_\_\_\_\_      No      \_\_\_\_\_ (If yes, specify building size below)

Building 1      \_\_\_\_\_      sq. ft.

Building 2      \_\_\_\_\_      sq. ft.

Building 3      \_\_\_\_\_      sq. ft.

(Please list all additional buildings on a separate sheet)



# BROWNFIELD PROPERTY TAX ASSISTANCE / REHABILITATION GRANT APPLICATION FORM

Current property taxes paid annually \$ \_\_\_\_\_

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 City program? Yes \_\_\_\_\_ No \_\_\_\_\_

Has or will this property receive grants/loans or other financial assistance from the City under any other City program? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Qualified Person Information** (this section to be completed by a Qualified Person as defined by the Environmental Protection Act and Ontario Regulation 153/04)

Name of Qualified Person \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address of Qualified Person \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



# BROWNFIELD PROPERTY TAX ASSISTANCE / REHABILITATION GRANT APPLICATION FORM

## Declaration of Qualified Person

A Phase II Environmental Site Assessment (ESA) has been conducted on the property described in Section D of this application, and as of the date the Phase II ESA was completed, this property did not meet the standards that must be met under subparagraph 4i of Subsection 168.4 (1) of the *Environmental Protection Act* to permit a record of site condition to be filed under that subsection in the Environmental Site Registry.

\_\_\_\_\_  
Name of Qualified Person

\_\_\_\_\_  
Signature of Qualified Person

\_\_\_\_\_  
Date

## F. Environmental Information

Describe any known or suspected environmental contamination issues (soil, groundwater) affecting the property in Section D, including:

- a) type of contaminants;
- b) extent of contamination;
- c) causes of contamination (include brief site use history);
- d) underground storage tanks and current/previous contents;
- e) above-ground storage tanks, and current/previous contents; and,
- f) other details.

Please attach Phase II ESA report

---



---



---



---



---



---



---



# **BROWNFIELD PROPERTY TAX ASSISTANCE / REHABILITATION GRANT APPLICATION FORM**

Type of Study	Date Study Completed  [A]	Study Cost (excluding G.S.T)  [B]	Total Study Grants received from all sources (excluding G.S.T)  [C]	Net Study Cost (excluding G.S.T)  [D] = [B] – [C]
<input type="checkbox"/> Phase I ESA		n/a	n/a	n/a
<input type="checkbox"/> Phase II ESA				
<input type="checkbox"/> Designated Substances and Hazardous Materials Survey				
<input type="checkbox"/> Remedial Work Plan				
<input type="checkbox"/> Risk Assessment/ Risk Management Plan				
<input type="checkbox"/> (Other) List				
<b>Total Study Costs</b>				

Describe the proposed remediation/risk management works to take place on the property described in Section D, including:

- a) approach (background, generic/generic stratified, risk assessment);
- b) remediation technologies to be employed;
- c) amount of hazardous and non-hazardous soils/waste (tonnes) to be removed from the site and disposed of at a licensed facility;
- d) risk management measures to be employed;
- e) estimated duration in months of the remediation; and/or,
- f) estimated duration of site monitoring.

---

---

---

---

---

---

---

---

---

---







# **BROWNFIELD PROPERTY TAX ASSISTANCE / REHABILITATION GRANT APPLICATION FORM**

## **G. Project Description**

Provide a detailed description (building size/type, number of stories, construction materials, etc...) of the proposed development to take place on the property described in Section D once the site has been made environmentally suitable. Include number of new residential units/sq.ft. to be constructed/rehabilitated, commercial/industrial space (sq.ft.) to be constructed/rehabilitated, and types of improvements to be constructed. (Please attach a set of detailed architectural/design and/or construction drawings).

.....

.....

.....

.....

.....

Estimated construction value of the proposed development	\$	
Estimated Post-Project Assessment Value of Land and Buildings (if requested by City)	\$	
Estimated Demolition Start and End Date (Month/Year)	Start Date	End Date
Estimated Construction Start and End Date (Month/Year)	Start Date	End Date
Estimated Construction End Date (Month/Year)		

## **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 .....	Approval No. ....	\$	
Program .....	Approval No. ....	\$	



# BROWNFIELD PROPERTY TAX ASSISTANCE / REHABILITATION GRANT APPLICATION FORM

## I. Sworn Declaration

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

I/WE HEREBY AGREE to abide by the terms and conditions of the tax assistance/grant program.

I/WE HEREBY AGREE to enter into and abide by an agreement with the City that specifies the terms and conditions of the property tax assistance/grant.

I/WE HEREBY AGREE to abide by the terms and conditions of the 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 by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY AGREE that if any statements or information in this application or submitted in support of this application are untrue, misleading or there is a material omission, the application may be rejected or not approved, or the property tax assistance/grant may be delayed, reduced, cancelled or repayment of the property tax assistance/grant may be required.

I/WE HEREBY AGREE that the property tax assistance/grant may be delayed, reduced, cancelled or repayment of the tax assistance/grant may be required if the eligible works are not completed or not completed as approved.

I/WE HEREBY AGREE that any eligible works carried out prior to written receipt from the City of property tax assistance/grant approval are not eligible for the property tax assistance/grant.

I/WE HEREBY AGREE that the program(s) for which application has been made herein is/are subject to cancellation and/or change at any time by the City in its sole discretion, subject to the terms and conditions specified in the program. Participants in the program whose application has been approved and who have entered into a tax assistance/grant agreement with the Municipality will continue to receive tax assistance/grant payments, subject to meeting the terms and conditions in their tax assistance/grant agreement.

I/WE HEREBY AGREE that all property tax assistance/grants will be calculated and awarded in the sole discretion of the City. Notwithstanding any representation by or on behalf of the City, or any statement contained in the program, no right to any property tax assistance/grant arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the programs and the property tax assistance/grant agreement. The City is not responsible for any costs incurred by the Owner/Applicant in any way relating to the program, including, without limitation, costs incurred in anticipation of property tax assistance/a grant.

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

\_\_\_\_\_  
Name of Owner or Authorized Agent

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