



City of Timmins Development Services Department
 Downtown Financial Incentive Programs
 220 Algonquin Blvd. E.
 Timmins, ON P4N 1B3
 Phone: (705) 360-2600 x3347
 Fax: (705) 360-2678

TAX INCREMENT REBATE PROGRAM APPLICATION FORM

1. Date of Application: _____

2. APPLICANT INFORMATION	Relation to property:
Name:	
Address:	City :
Province:	Postal Code:
Telephone:	Fax:
Email:	
OWNER INFORMATION (if different from above)	
Name:	
Address:	City :
Province:	Postal Code:
Telephone:	Fax:
Email:	

3. Applicant signature:

Property Owner's Signature to approve submission of application:

I have the authority to bind the corporation

4. Direct inquiries to:

Applicant:

Owner:

5. Civic Address of Subject Property:

6. Roll number of property

7. Is the property in tax arrears?

Yes No

8. Is the property in water arrears?

Yes No

9. Are there outstanding work orders with the property (fire code, property standards or by-law infraction? If so, please attach the related documentation

Yes No

10. Project Description:

Please provide details on the work to be completed

11. Project Investment	
Projected Expenses	Amount
Capital Costs	\$
Value of Land acquisition	\$
Value of Site preparation	\$
Value of site construction of new facility or upgrade to existing facility	\$
TOTAL	

12. Current Assessed Value of Property:
\$

13. Current Property Taxes
\$

14. Have you or your company previously applied for any CIP grant or Municipal Tax Increment Rebate grant? Is yes, please provide any details.

- 15. Required Attachments:**
- Building permit
 - Site plan or drawings related to new building or upgrades
 - Proof of ownership of the building

16. Certification

All information provided is subject to the Municipal Freedom of Information Act and the Corporation of the City of Timmins financial reporting duties.

The Municipal Tax Increment Rebate cannot be applied retroactively to work already done.

The applicant consents to the use of its name and address in connection with any program announcements.

I/We hereby apply for a Municipal Tax Increment Grant Rebate under the City of Timmins Community Improvement Plan. I /We agree to abide by the terms and condition of the rebate program. I/We understand that the rebate can be reduced or cancelled if the agreed work is not completed or if contractors/suppliers are not paid. I/We hereby certify that the information given herein is true, correct and complete in every respect

and may be verified by the Corporation of the City of Timmins (the City). If any information provided is or subsequently becomes untrue, incorrect and or incomplete, the City may immediately cancel the rebate and full repayment of any money already advanced, with interest, shall become due and payable. Any failure on behalf of the City to verify the information provided is not a waiver of the City's rights. I/We are not involved in any action or proceeding involving claim for damage with the City.

Signature of Owner or Applicant

Date: _____

PLEASE SUBMIT YOUR APPLICATION TO:

CIP Program Manager

City of Timmins, Development Services Dept.

220 Algonquin Blvd East, Timmins, ON P4N 1B3

CIP@timmins.ca

705-360-2600 x3347