



THE CORPORATION OF THE CITY OF ST. THOMAS

COMMUNITY IMPROVEMENT PROGRAM EVALUATION COMMITTEE

August 23, 2022

10:00 A.M.

ZOOM MEETING

1. Disclosures of Interest
2. Confirmation of Minutes: April 26, 2022
3. New Business
 - 244-248 Talbot Street
 - 53 Malakoff Street
4. Adjournment

**FINANCIAL INCENTIVES PROGRAM
ST. THOMAS COMMUNITY IMPROVEMENT PLAN
APPLICATION FORM**

OFFICE USE: Date Application Received: <u>MAY 05 2022</u>	File Number: <u>2022-120</u>
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INSTRUCTIONS

- If the space provided is insufficient to respond to the question, please provide additional information on a separate page, clearly marked as to the subject question, and attached to the application form.
- Please attach financial quotes, drawings or other required information as appropriate.
- We recommend that the applicant keep a copy of the application form for your own records.
- To ensure that the application is readable, please fill out online or print in ink.
- Please ensure that the application has been signed by the property owner or authorized agent and commissioned.

OWNER/APPLICANT

1. Property Owner
 Name: 2735 125 Ontario Inc
 Address: 244-248 Talbot Street
 Postal Code: N5P 1B2 Phone: 519-841-0559 Fax: 519-772-4327
 Email: roycleeves@gmail.com

2. Agent/Applicant
 Name: Roy Cleeves + Thomas Wong
 Company: 2735 125 Ontario Inc.
 Address: 85 Hudson Crescent Kitchener, ON
 Postal Code: N2B 2V7 Phone: 519-841-0559 Fax: 519-772-4327
 Email: roycleeves@gmail.com

Who is the primary contact?

- Registered Owner Applicant/Agent

*Note: Unless otherwise requested all communications will be sent to the Applicant.

*Please indicate the method of communication you would like to be contacted by.

- Phone Email Fax Mail

SUBJECT PROPERTY

1. Municipal Address: 244-248 Talbot Street, St. Thomas
NSP 1B2

2. Legal Description: PT LT 12 S/S Talbot St BTW William
St and Queen St PL 23 St. Thomas

3. Brief Description of Current Use: as in E359830
Commercial units on Main floor - vacant
+ Residential Apartments

- 4. Are property taxes for the subject property in arrears? Yes No
- 5. Are there any outstanding orders registered against the subject property? Yes No
- 6. Are there any outstanding violations under the Fire Code? Yes No
- 7. Have grants previously been received from the City for the subject property? Yes No

If yes, please describe, including total amounts of grants:

PROGRAM CHECKLIST

Please place a check next to the program(s) that you are applying for:

- Heritage Design Grant Program
- Heritage Façade and Building Improvement Program
- Residential Program
- Development Charge Grant Program
- Tax Increment Grant Program
- Parkland Dedication Grant Program
- Planning and Building Fees Grant Program
- Heritage Tax Relief Grant Program
- Environmental Site Assessment Grant Program

Please fill out the following sections with regards to the program(s) you are applying for. If additional space is required, please attach the information on a separate sheet.

DESCRIPTION OF PROPOSED RESIDENTIAL IMPROVEMENT PROJECT (IF APPLYING FOR RESIDENTIAL)

- We are rebuilding the brick front facade to be able to remove the scaffolding.
- We are demolishing the back portion of the building to add in a new Build with 17 New residential rental apartments.
- We are renovating Existing residential Apartments to bring them up to code

GENERAL APPLICATION QUESTIONS

- 1. Is your property a designated heritage building? Yes No
- 2. Is your property listed by the local Municipal Heritage Committee as a building of historic or architectural value? Yes No
- 3. Is your property located with the Downtown St. Thomas Heritage Conservation District? Yes No
- 4. What is the current status of the building? Vacant Occupied Underutilized

If other, please explain: _____

- 5. Are you converting and/or rehabilitating this space? Yes No
 - If yes: a) are you creating new residential units? Yes No
 - b) are you rehabilitating vacant residential units? Yes No
 - c) are you bringing occupied residential units up to code? Yes No

- 6. Are you intensifying and/or redeveloping this space? Yes No
 - If yes: a) are you creating new residential units through the addition of new building space? Yes No
 - b) are you demolishing existing building(s) to create a new building with new residential units? Yes No

How many residential units are being added?

- 7. Are you adding commercial space? Yes No
- If yes, please provide the square footage

- 8. Please specify the financial incentives you are interested in if applying for the following programs:
 - a) Residential Program Grant Loan Both
 - b) Façade Improvement Program Grant Loan Both

9. If you are applying for the Façade Improvement Program, please specify what part of the building you are making improvements on? (Note: side and rear façade improvements are eligible only if the public view of the building is significant)

Front Façade

Bricks

Side Façade

Rear Facade

10. Please specify what CIP area your property is located within.

Primary - Downtown

11. Estimated total construction cost for the residential project:

\$ 1 Million

12. Estimated total construction cost for the façade improvement:

\$ 300,000

13. Estimated total design and other profession costs:

\$ 300,000

(Note: You will be given estimates for funding on grants and loans based on the above estimates. The final calculations of grants and loans will be based on the building permit value for construction costs and actual receipts for design and professional costs.)

14. Have you made an application for a Building Permit pertaining to the work being proposed?

Yes No

AUTHORIZATION OF OWNER

If the applicant is not the owner of the subject lands, please complete the owner authorization concerning personal information as set out below.

N/A.

I, _____, am the owner of the subject lands, and I authorize _____, to act on our behalf as the agent for the submissions required for all matters relating to the subject lands, and to provide any of my personal information that will be included in this application or collected during the planning process.

Date Signature of Owner

AFFIDAVIT OR SWORN DECLARATION

I, Roy Cleaves of Kitchener in the province of Ontario
name of applicant City

make oath and say (or solemnly declare) that the information provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

Sworn (or declared) before me at the Kitchener on this 4th day of May, 20 22.
City Day Month Year

[Signature]
Signature of Owner or Authorized Agent

May 4th / 2022
Date

[Signature]
Signature of Commissioner of Oaths, etc.

MAY 4 / 2022
Date

VICTOR M. HUSSZEN
BARRISTER - SOLICITOR
HUSSZEN LAW OFFICES / P.C. CORP
275 LANCASTER ST. W., 2ND FLOOR
KITCHENER, ONT. N2H 4V2
519-744-8585

**FINANCIAL INCENTIVES PROGRAM
ST. THOMAS COMMUNITY IMPROVEMENT PLAN
APPLICATION FORM**

OFFICE USE: Date Application Received: July 20, 2022 File Number: 2022-121

INSTRUCTIONS

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- Please ensure that the application has been signed by the property owner or authorized agent and commissioned.

OWNER/APPLICANT

1. Property Owner

Name: Rachel Ross-Vance and Kari Ross-Vance

Address: 53 Malakoff

Postal Code: N5P 1L9 Phone: 647-889-5243 Fax: _____

Email: rossvance_r@yahoo.ca

2. Agent/Applicant

Name: Rachel Ross-Vance

Company: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Email: _____

Who is the primary contact?

Registered Owner Applicant/Agent

*Note: Unless otherwise requested all communications will be sent to the Applicant.

*Please indicate the method of communication you would like to be contacted by.

Phone Email Fax Mail

SUBJECT PROPERTY

1. Municipal Address:
53 Malakoff St. St. Thomas, ON N5P 1L9

2. Legal Description:
single family detached home

3. Brief Description of Current Use:
single family home

4. Are property taxes for the subject property in arrears? Yes No

5. Are there any outstanding orders registered against the subject property? Yes No

6. Are there any outstanding violations under the Fire Code? Yes No

7. Have grants previously been received from the City for the subject property? Yes No

If yes, please describe, including total amounts of grants:

PROGRAM CHECKLIST

Please place a check next to the program(s) that you are applying for:

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- Environmental Site Assessment Grant Program

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DESCRIPTION OF PROPOSED RESIDENTIAL IMPROVEMENT PROJECT (IF APPLYING FOR RESIDENTIAL)

converting single home to duplex

Creating two 2 bedroom rental units (upper and lower levels)

Upper Unit - installing kitchen, adding wall to separate master bedroom and living room spaces, adding firewall and firesafety measures as per building code.

Lower Unit - Adding firewall and firesafety measures as per building code, installing laundry - washer and dryer.

Front porch - currently unstable. Being reinforced and upgraded to be structurally sound

Sunroom and Mudroom - being demolished due to instability. Adding stairs for fire escape from upper unit.

Adding upper level deck

paving existing driveway and parking. Adding a third parking space.

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4. What is the current status of the building? Vacant
 Occupied
 Underutilized

If other, please explain: _____

5. Are you converting and/or rehabilitating this space? Yes No
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c) are you bringing occupied residential units up to code? Yes No
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How many residential units are being added?

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 Grant Loan Both
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 Grant Loan Both

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Front Façade

Side Façade

Rear Facade

10. Please specify what CIP area your property is located within.

Primary CIPA

11. Estimated total construction cost for the residential project:

12. Estimated total construction cost for the façade improvement:

13. Estimated total design and other profession costs:

(Note: You will be given estimates for funding on grants and loans based on the above estimates. The final calculations of grants and loans will be based on the building permit value for construction costs and actual receipts for design and professional costs.)

14. Have you made an application for a Building Permit Yes No pertaining to the work being proposed?

AUTHORIZATION OF OWNER

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I, _____, am the owner of the subject lands, and I authorize _____, to act on our behalf as the agent for the submissions required for all matters relating to the subject lands, and to provide any of my personal information that will be included in this application or collected during the planning process.


_____ Date _____ Signature of Owner

AFFIDAVIT OR SWORN DECLARATION

I, Rachel Ross-Vance of Toronto in the province of Ontario,
name of applicant City

make oath and say (or solemnly declare) that the information provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

Sworn (or declared) before me at the _____ on this _____ day of _____, 20_____.
City Day Month Year


Signature of Owner or Authorized Agent

July 20, 2022
Date

Signature of Commissioner of Oaths, etc.

Date