

Township of Howick

# Façade Improvement Program: Application Forms

2026

Prepared By: Recreation Department



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## 1.0 Application Checklist

Applicants must complete and submit all items listed for the application to be considered:

- One copy of the completed and signed Application Form.
- A signed letter authorization (where the applicant is not the owner) from the registered owners of the lands affected by the proposed project.
- Good quality photographs of the existing condition of the buildings and property.
- Past/historical and/or drawings (where applicable).
- Specifications of the proposed project, including design drawings prepared by a design professional (if available) or sketches, renderings, and/or elevation drawings illustrating the proposed improvements.
- Two itemized and detailed independent contractor estimates for the proposed project, including model numbers, specs and manufacturer specific identifiers, as applicable.
- Any additional requirements as determined by Municipal staff.

Please note:

- *Applicants may be asked to supply supporting information, at the sole discretion of the Township of Howick Council or designate.*
- *If permits are required for the proposed improvements, additional detailed submission materials may be required.*
- *Additional materials will be required to be submitted upon completion of the project, including photos of the final project, and invoices marked paid with the payee's signature before grant money can be acquired.*
- *Minor adjustments may be made to the application process at the discretion of Council or Council designate*

**2.0 Application Form**

*For Office Use Only*

Applicant Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Name of Applicant (Owner): \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

Authorized Applicant (if the applicant is different than the property owner)

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

**A. Property**

Municipal Address: \_\_\_\_\_

Legal Description (Lot): \_\_\_\_\_

Property Tax Roll Number: \_\_\_\_\_

Date acquired by current owner (if known): \_\_\_\_\_

**Describe existing buildings on the subject lands**

Type/Description: \_\_\_\_\_ Year Built: \_\_\_\_\_

Floor area (sq ft): \_\_\_\_\_ Floors: \_\_\_\_\_

**D. Additional Property Information**

Is the property a listed heritage property or designated under the Ontario Heritage Act?

 Yes No

Are property taxes in good standing on this property?

 Yes No

Are there any outstanding Bylaw related work orders on this property?

 Yes (please specify) No**E. Vacancy**

Is your building currently vacant?

 Yes (it has been vacant for more than one year) Yes (it has been vacant for less than one year) No

**F. Type of Project:**

- Redesign the storefront,
- Restore the original façade appearance,
- Repaint or clean the façade,
- Replace or repair windows and doors,
- Replace or repair canopies and awnings,
- Modify entranceways including improving/providing barrier-free accessibility,
- Replace, install or repair signage,
- Install street murals/public art along the building's façade,
- Install flower boxes,
- Other.

**Please provide a detailed description of the proposed project and describe how the project will result in an improvement of the existing conditions of the property. List the permits you will need to obtain if the application is approved.**

**Please provide a detailed explanation of how the proposed project will contribute to achieving one or more of the following goals:**

- To stimulate economic growth
- To stimulate quality of place for residents and visitors
- To increase the tax base

## 2.1 Expense Information

Please attach two detailed independent contractor quotes for each component of the proposed eligible work, or two detailed quotes covering all of the components of the eligible work.

**Prices recorded below should not include HST.**

Please indicate the contractor you intend to hire by checking the box beside their name.

Component of Work	Low Quote Contractor Name	Low Quote Contractor Price	High Quote Contractor Name	High Quote Contractor Price
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<b>Total:</b>		<b>Total:</b>	

### Grant Request

Total Project Cost (before HST) : \_\_\_\_\_

Total Grant Request: \_\_\_\_\_

### Timing/Schedule Information

Anticipated Start Date (YYYY/MM/DD): \_\_\_\_\_

Anticipated Completion Date (YY/MM/DD): \_\_\_\_\_

2.2 Declarations

I, \_\_\_\_\_ solemnly declare that all of the statements

(Name of Applicant)

contained in this Application Package for \_\_\_\_\_

\_\_\_\_\_  
(Description of Property)

and all supporting documents and plans are true and complete. By completing this Declaration, I/we hereby acknowledge and authorize municipal staff to enter upon the property subject to this application for the purpose of conducting a site inspection as it pertains to the project this program is funding.

Declared before me in the Township of Howick this \_\_\_\_\_ day of \_\_\_\_\_,

(DD)

(MM)

\_\_\_\_\_  
(YYYY)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Please Print name of Applicant)

### 2.3 Municipal Freedom of Information Declaration

In submitting this application and supporting documentation, I

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(please print name of Applicant)

the Owner/Applicant, hereby acknowledge and provide my consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself, my agents, consultations and solicitors, will be part of the public record and will also be available to general public.

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(Signature of Applicant)

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(DD/MM/YYYY)

**2.4 Authorization of Property Owner**

This must be completed by the Owner of the property if the OWNER IS NOT FILING THE APPLICATION.

Note: If there are multiple Owners, an authorization letter from each Owner (with dated, original signature) is required OR each Owner must sign the following authorization.

If the Owner is an incorporated company, the company seal shall be applied in the signature clock above (if there is one).

I (we) \_\_\_\_\_

(Print name(s) of owner(s))

being the registered Owner(s) of the subject property, hereby authorize

\_\_\_\_\_  
(Print name of Authorized Applicant)

To prepare and submit an application for financial incentives under the Façade Improvement Program.

\_\_\_\_\_  
Signature of Owner, Individual or Company

\_\_\_\_\_  
(DD/MM/YYYY)