

HASTINGS

Centre Hastings

COUNTY



2026

COMMUNITY IMPROVEMENT PLAN



Deadline

**SUNDAY, MARCH 29TH, 2026
BY 11:59 PM**



<https://www.centrehastings.com/applications-licences-permits/community-improvement-plan/>

**20
26**



The Municipality of Centre Hastings
Community Improvement Plan Application

General Information and Instructions

1. Before filling out this application form please read the Community Improvement Plan and if required arrange for a preapplication meeting with a municipal staff member. The Community Improvement Plan describes the purpose and basic terms and conditions of the Municipality of Centre Hastings Community Improvement Plan.
2. If you require additional space when responding to a question, then please attach a separate page to your completed form.
3. Please attach all required supporting documents to this application. An application will not be considered complete until all required documents have been submitted.
4. Please ensure that the application form is complete and that all required signatures have been supplied.
5. Please print (black or blue ink) or type the information requested on the application form.
6. You may deliver your application in person or by mail to:

The Municipality of Centre Hastings
7 Furnace Street, PO BOX 900
Madoc, Ontario K0K 2K0

<p style="text-align: center;">HASTINGS <i>Centre Hastings</i> COUNTY</p>	<p>Municipality of Centre Hastings Community Improvement Plan Application</p>
<p>For Office Use Only</p>	
<p>Application No.</p>	
<p>Date Received</p>	
<p>Recommendation</p>	
<p>Decision</p>	
<p>Section A: Applicant Information</p>	
<p>Applicant Name</p>	
<p>Applicant Business Name</p>	
<p>Applicant Address</p>	
<p>Applicant Phone No.</p>	
<p>Applicant Email</p>	
<p>Type of Business</p>	
<p>Section B: Building Owner Information</p>	
<p>Building Owner</p>	<input type="checkbox"/> Please check if same as above
<p>Owner Name</p>	
<p>Owner Address</p>	
<p>Owner Phone No.</p>	
<p>Owner Email</p>	
<p>PLEASE NOTE: If the applicant is not the registered property owner, please ensure that the required authorization is completed and signed by the registered property owner as provided in this application form and noted as <i>Declaration of Applicant</i>. In absence of the owner’s authorization, no further consideration of the application will be made.</p>	

Section C: CIP Program Screening Criteria

1. Did you arrange for a pre-application consultation meeting? If yes, please note date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the property located within the currently designated Community Improvement Project Area? <i>Note: Your property must be within the current Community Improvement Project Area in order to be eligible for financial incentives.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your property have any outstanding municipal taxes, area rates or other charges that are in arrears? <i>Note: The subject property must not have any outstanding tax or other municipal charges in arrears in order to be eligible (even if you are a tenant).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there any outstanding work orders from the Municipality's Fire Department or the Building Department that must be addressed prior to grant approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you previously applied for a financial incentive through the Community Improvement Plan Program? If yes, please note date. Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If you answered yes to question 5, was this application successful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you secured, do you intend to apply for, or do you anticipate receiving funding from other government bodies and/or non-profit organizations for your project? If yes, please list the funding sources and indicate status of approvals (i.e., "application submitted", "not submitted", or "approval received"). <i>Note total value of incentives cannot exceed the total eligible cost of the project.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.	

<p>Tax Increment Equivalent</p>	<p><input type="checkbox"/> Grant \$</p> <p><i>Maximum of 75% of the municipal property tax increase for a maximum of 3 years, or until the grant equals the cost of rehabilitation, whichever comes first.</i></p>
<p>Section E: CIP Program Supporting Documentation</p>	
<p>Programs</p>	<p>In order for your application to be considered complete, you must provide at a minimum the information below. Please check all boxes to ensure compliance. You may be required to submit additional information at the request of Municipal Staff, The CIP Taskforce or Council.</p>
	<p><input type="checkbox"/> Photographs of the existing building</p> <p><input type="checkbox"/> Two (2) cost estimates required for eligible work and/or materials</p> <p><input type="checkbox"/> A plan or sketch of the proposed improvement works</p> <p><input type="checkbox"/> A completed and signed application form</p> <p>For the Accessibility, Building Improvement, Building Permit or Tax Increment Equivalent programs you may be required to submit additional documents, such as copies of plans, permits, applications, drawings etc.</p> <p>You will be notified if additional documents are required to support your application.</p>

Section F: Detailed Project Costs

Please detail all project costs using the following table. The estimated costs should be based on quotes from contractors and vendors. Applicants are required to obtain at least two quotes.

Community Improvement Task/Itemized Quotes	Cost – Low Quote	Cost – High Quote
Example: Replacement of storefront sign	\$ 1,800 from Signs Inc.	\$2,200 from Jim’s Custom Sig
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

Please describe the present use of the building:

Please provide a written description of the proposed improvements including a timeline. Attach at least one (1) copy of a prepared sketch showing the proposed improvements.

Please explain in detail how your project meets the requirements of your selected grant program.

Please describe how you think these improvements will enhance the downtown area of Madoc

Municipality of Centre Hastings Community Improvement Applicant Declaration

I hereby declare that the statements made herein and all attached supporting materials and documentation, are a true and complete representation of the purpose and intent of this application.

I have reviewed the submission requirements and understand that incomplete applications will not be accepted.

I also understand that the proposal must comply with all other applicable legislation and bylaws and that other approvals, if required, must be described clearly in this application form (e.g. Minor Variance, Site Plan, Building Permit, Sign Permit, Heritage Permit, etc.).

I acknowledge that the Municipality or their designate may visit the property that is the subject of this application for the purpose of evaluating the merits of this application.

I acknowledge that personal information on this form is collected under the authority of the *Municipal Act*, and/or the *Planning Act* and will be used to process the Community Improvement Plan application and information may also be released to the public.

I acknowledge that I have read in full the Municipality of Centre Hastings Community Improvement Plan and understand and conform to the eligibility and program requirements. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

SIGNATURE OF APPLICANT:

I, _____ of the Municipality of Centre Hastings

declare that the information contained in this application is true, and that the information contained in the documents that accompany this application is true.

this _____ day of _____, 20__ __.

CONSENT OF THE OWNER:

If the applicant is not the owner of the land that is the subject of this application, written authorization of the Owner that the applicant is authorized to make the application must be included with this application.

As the legal property owner, I consent to this application and I consent to having the above noted work done to this property.

this _____ day of _____, 20__ __.

Owner Signature

Complete the consent of the owner concerning personal information set out below.

CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, am the owner of the land that is the subject of this application and for the purposes of the Municipal Freedom of Information and Protection of Privacy Act this application forms part of a public record open to inspection by any person upon request at the office of the clerk during normal office hours. See the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, s.14(1)(c). I further authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing the application.

Name of Owner (please print)

Signature of Owner

Date

Faxed or emailed submissions will not be accepted since original signatures are required.