



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

## APPLICATION FOR AFFORDABLE HOUSING GRANT

In accordance with *Ontario Regulation 299/19*

This application form must be accompanied by all submission requirements in order to be considered a complete application. Incomplete applications will not be processed until all information is provided. The applicant is responsible for ensuring that the submission requirements are met.

<b>CONTACT INFORMATION</b>		
<i>Municipal Freedom of Information and Protection of Privacy Act</i> <i>Personal information on this form is collected under the authority of the Planning Act and will be used to process this application</i>		
Name:	Mailing Address and Postal Code:	Phone: Email:

<b>PROPERTY INFORMATION</b>		
Municipal Address:		
Legal Description:		
Lot Frontage (m):	Lot Area (m <sup>2</sup> ):	Lot Depth (m):
Gross Floor Area (m) of Existing Residential Unit(s) Unit 1  Unit 2		Number of Existing Parking Spaces:
Official Plan Designation:	Development Permit Designation:	

Why are you interested in constructing an Accessory Dwelling Unit (optional):

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**REQUIRED INFORMATION**

1. Description of property (detached, semi-detached, rowhouse) and proposed development (addition, conversion, new build, etc.):

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2. If any new buildings or structures are proposed for the land (including additions):

Type of Building(s) or Structure(s)		
Distance from:		
a) Rear lot line (m)	b) Front Lot Line (m)	c) Side Lot Line(s) (m)
Height (m)		Floor Area (m2)
Number of Proposed Parking Spaces		

3. The following should be attached to this application:

- Copy of estimated costs from a contractor or building supplier (ie. lumber yard)
- Copy of detailed design plans including site plans, elevations, and floorplans

**Consent of Owner**

I/We \_\_\_\_\_ am/are the registered owner(s) of the land that is the subject of this application for development purposes and for purposes of the Municipal Freedom of Information and Protection of Privacy Act. I/We hereby authorize the use, or disclosure, to any person or any public body, of any personal information collected under the Planning Act for the purposes of processing this application.

Signature: \_\_\_\_\_

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

Registered Owner

Signature: \_\_\_\_\_

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

Registered Owner

**Affidavit or Sworn Declaration that the Information is Accurate**

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, solemnly declare that all of the above statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of *The Canada Evidence Act*.

SWORN OR DECLARED BEFORE ME:

At the Town of Carleton Place, this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_.

\_\_\_\_\_  
Commissioner of Oaths

\_\_\_\_\_  
Signature of Applicant