

**Section A General Information and Instructions**

1. To be eligible for an Initial Study Grant the subject property must be within a Project Area as defined within the City of Kingston's Brownfield Community Improvement Plan (CIP).
2. Before completing this application, please read the applicable sections of the Brownfield Community Improvement Plan (CIP).
3. The City of Kingston allocates a limited amount of budget each year to fund Initial Study Grants. Grant applications are processed on first come, first served basis and there is no guarantee any application will be successful.
4. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form.
5. Please ensure that the application form is complete and that a cost estimate (excluding HST) for the specified environmental study has been included in the application form.
6. Please attach a Phase One ESA and/or a Phase Two ESA to the application form, as applicable.
7. If an agent is acting for the property owner, please ensure that the required authorization is completed and signed by the owner as provided in Section F below.
8. Deliver your application in person or send it by mail or email to:

**City of Kingston**  
**Environment and Sustainable Initiatives**  
**Attention: Paul MacLatchy, Environment Director**  
**pmaclatchy@cityofkingston.ca**

**By Mail:**  
**216 Ontario Street**  
**Kingston, Ontario**  
**K7L 2Z3**

**Or in person:**  
**British Whig Building**  
**310 King Street East**  
**Kingston, Ontario**

If you have any questions about this program, please contact Paul MacLatchy:  
Phone: 613-546-4291 x1226, email: pmaclatchy@cityofkingston.ca

-- PLEASE PRINT or Type in pdf document --

**Application No.** \_\_\_\_\_  
(Office Use Only)



**Section B Applicant/Agent Information**

Name of Registered Property Owner

Mailing Address of Property Owner

Phone No:

Fax No:

Email:

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**If the person(s) applying for this grant is not the owner of the property listed in Section C, please fill in the section below and complete Section F.**

Agent Information (if any)

Name of Owner's Agent

Mailing Address

Phone No:

Fax No.

Email



**Section C Property Information**

Municipal Address(es) of Property for which this Application is being submitted

Roll No.

Legal Description of Property (Lot and Plan Numbers)

Existing Property Use, History and other relevant property details (easement, right of way, etc)

Size of Property

Acres

Current Official Plan designation and Zoning category

Are there Existing Buildings on Property?

Yes

No

Is this property in tax arrears?

Yes

No

If yes, specify value of tax arrears



Have tax arrears been cancelled (in whole or in part) on this property under any other City program?

Yes  No

If yes, please specify program and amount of financial assistance received from the City.

**Section D Other Sources of Funds**

Have you applied for or will you be obtaining any other sources of government funding?  
(Includes Federal, Provincial, Federation of Canadian Municipalities, etc)

Yes  No

If yes, please list other sources and amounts of government funding:

Program:  \$

Program:  \$

**Section E Environmental Information**

(to be completed by a Qualified Person as defined by regulation)

Name of Consultant

Mailing Address of Consultant

Phone No:

Fax No:

Email:

Has a Phase One Environmental Site Assessment (ESA) been conducted on the property?  
If yes, please attach to this application.

Yes  No



Has a Phase Two ESA ever been conducted on the property?  
If yes, please attach to this application.

Yes  No

Has a Phase Three (remediation plan) ESA ever been conducted on the property?  
If yes, please attach to this application.

Yes  No

Has an SSRA Study ever been conducted on the property?  
If yes, please attach to this application.

Yes  No

For which type of Study is this grant being requested?

Specify reason for conducting a Phase Two ESA, Phase Three ESA or SSRA Study on this property, and attach:

- a) Detailed study work plan
- b) Cost estimate
- c) Description of planned development



Describe the expected environmental contamination issues (soil, groundwater) affecting the site, including type of contaminants, extent, causes (brief site use history), underground storage tanks (UST), above ground storage tanks (AST), etc.

Estimated Costs of applicable Study (excluding HST)

\$

**Section F Authorization of Agent by Owner (if required)**

I, \_\_\_\_\_ am the owner of the land that is subject to this application and I hereby authorize my agent/solicitor to make this application and to act on my behalf in regard to this application.

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(City/Town of....) Day Month Year

\_\_\_\_\_  
Name of Owner  
(Please Print)

\_\_\_\_\_  
Signature of Owner

**Section G Declarations**

I/WE HEREBY APPLY for a grant under this program.

I/WE HEREBY AGREE to abide by the terms and conditions of the Initial Study Grant as specified in the City of Kingston Community Improvement Plan – Brownfields.



I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the City of Kingston by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY AGREE that any work carried out prior to written receipt of grant application is not eligible for funding under this program.

I/WE HEREBY GRANT PERMISSION to the City of Kingston, or its agents, to inspect my/our property prior to, during, and after environmental remediation, site rehabilitation and project construction.

I/WE HEREBY ACKNOWLEDGE that the program for which application has been made herein is subject to discontinuation, cancellation or change at any time by the City of Kingston in its sole discretion, without notice or liability. Only participants in the program whose application has been approved by the City of Kingston will continue to receive their grant.

I/WE HEREBY AGREE that all grants will be calculated and awarded in the sole discretion of the City and that notwithstanding any representation by or on behalf of the City, or any statement contained in the program, no right to any grant arises until it has been duly authorized by the City and the Consultants have been paid.

I/WE ACKNOWLEDGE that the City is not responsible for any costs incurred by me/us in any way relating to the program, including, without limitation, costs incurred in anticipation of a grant.

Dated at the \_\_\_\_\_, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(City/Town of....) Day Month Year

\_\_\_\_\_  
Name of Owner or Authorized Agent  
(Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date