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## Application Information

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1. If an agent is acting for the property owner, please ensure that the required authorization is completed and executed by the owner as provided on page 4 of the Application Form.
2. It is the responsibility of the Applicant to contact and formally retain the services of an architect or designer. The City will issue the grant to the property owner. Any costs incurred above and beyond the DesignGuide funding amount are the sole responsibility of the Applicant.
3. Please ensure that you:
  - (a) attach a Letter of Engagement or Contract with the specified Design Professional; and,
  - (b) ensure that the Letter of Engagement or Contract includes the information specified in the Program Information.
4. Please print (or type) the information requested on the application form.
5. You may deliver your application in person or mail it to:

Planning Services Department, 3<sup>rd</sup> Floor  
Corporation of the City of Cambridge  
P.O. Box 669  
50 Dickson Street  
Cambridge, Ontario, N1R 5W8

To confirm your eligibility for this program, or for further information about this program, please contact:

Planning Services Department

Phone: 519.740.4650

Fax: 519.740.9545

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of processing your application. Questions should be directed to the City of Cambridge, Freedom of Information and Privacy Coordinator, who can be reached at 519.623.1340.



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## Application Form

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

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### A. Applicant Information

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Name of Registered Property Owner: \_\_\_\_\_

Mailing Address of Owner: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (Province) (Postal Code)

Owner's Phone: ( ) \_\_\_\_\_ Owner's Fax: ( ) \_\_\_\_\_

Owner's e-mail: \_\_\_\_\_

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### B. Property Information

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**Note:** Please consult your last tax bill for the roll number, legal information, and address.

Address of Property for which application is being made:

\_\_\_\_\_  
(Number) (Street) **Cambridge, ON** (Postal Code)

Roll Number: \_\_\_\_\_

Legal Description of Property (Lot No.): \_\_\_\_\_

Legal Description of Property (Plan No.): \_\_\_\_\_



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## Application Form (cont')

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### B. Property Information (cont')

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Please provide a brief written description of the improvements being contemplated at this time:

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### C. Design Professional Information

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

Mailing Address: \_\_\_\_\_  
(Number) (Street)

(City) (Province) (Postal Code)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_





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## Application Form (cont')

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### Agent Authorization

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**Note:** If this application is to be signed by an agent or solicitor on behalf of an owner, please complete this section. If the property is in joint ownership, each individual owner's signature is required for authorization of the agent/solicitor.

I/We hereby authorize my/our solicitor/agent, to act on my/our behalf in regard to the DesignGuide Program application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Name of City/Town) (Date) (Month) (Year)

Signatures of Owner(s) / Grantor(s):

\_\_\_\_\_  
(Signature) (Please print Name) (Please print Title)

\_\_\_\_\_  
(Signature) (Please print Name) (Please print Title)

Name of Agent: \_\_\_\_\_

Mailing Address of Agent: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (Province) (Postal Code)

Agent's Phone: ( ) \_\_\_\_\_ Agent's Fax: ( ) \_\_\_\_\_

Agent's e-mail: \_\_\_\_\_