



THE CORPORATION OF THE CITY OF ST. THOMAS

COMMUNITY IMPROVEMENT PROGRAM EVALUATION COMMITTEE

March 9, 2023

9:00 A.M.

TEAMS MEETING

1. Disclosures of Interest
2. Selection of Chair
3. Confirmation of Minutes from August 31, 2022
4. New Business
 - 2023-123 - 50 Manitoba Street
 - 2023-125 – 21 Kains Street
 - 2023-126 – 400-408 Talbot Street
 - 2023-124 – 571-573 Talbot Street
5. Adjournment

**FINANCIAL INCENTIVES PROGRAM
ST. THOMAS COMMUNITY IMPROVEMENT PLAN
APPLICATION FORM**

OFFICE USE: Date Application Received: _____ File Number: _____

INSTRUCTIONS

- If the space provided is insufficient to respond to the question, please provide additional information on a separate page, clearly marked as to the subject question, and attached to the application form.
- Please attach financial quotes, drawings or other required information as appropriate.
- We recommend that the applicant keep a copy of the application form for your own records.
- To ensure that the application is readable, please fill out online or print in ink.
- Please ensure that the application has been signed by the property owner or authorized agent and commissioned.

OWNER/APPLICANT

1. Property Owner

Name: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Email: _____

2. Agent/Applicant

Name: _____

Company: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Email: _____

Who is the primary contact?

- Registered Owner Applicant/Agent

*Note: Unless otherwise requested all communications will be sent to the Applicant.

*Please indicate the method of communication you would like to be contacted by.

- Phone Email Fax Mail

SUBJECT PROPERTY

1. Municipal Address:

2. Legal Description:

3. Brief Description of Current Use:

4. Are property taxes for the subject property in arrears? Yes No

5. Are there any outstanding orders registered against the subject property? Yes No

6. Are there any outstanding violations under the Fire Code? Yes No

7. Have grants previously been received from the City for the subject property? Yes No

If yes, please describe, including total amounts of grants:

PROGRAM CHECKLIST

Please place a check next to the program(s) that you are applying for:

- Heritage Design Grant Program
- Heritage Façade and Building Improvement Program
- Residential Program
- Development Charge Grant Program
- Tax Increment Grant Program
- Parkland Dedication Grant Program
- Planning and Building Fees Grant Program
- Heritage Tax Relief Grant Program
- Environmental Site Assessment Grant Program

Please fill out the following sections with regards to the program(s) you are applying for. If additional space is required, please attach the information on a separate sheet.

DESCRIPTION OF PROPOSED RESIDENTIAL IMPROVEMENT PROJECT (IF APPLYING FOR RESIDENTIAL)

GENERAL APPLICATION QUESTIONS

- 1. Is your property a designated heritage building? Yes No
- 2. Is your property listed by the local Municipal Heritage Committee as a building of historic or architectural value? Yes No
- 3. Is your property located within the Downtown St. Thomas Heritage Conservation District? Yes No
- 4. What is the current status of the building? Vacant
 Occupied
 Underutilized

If other, please explain: _____

- 5. Are you converting and/or rehabilitating this space? Yes No
- If yes: a) are you creating new residential units? Yes No
- b) are you rehabilitating vacant residential units? Yes No
- c) are you bringing occupied residential units up to code? Yes No

- 6. Are you intensifying and/or redeveloping this space? Yes No
- If yes: a) are you creating new residential units through the addition of new building space? Yes No
- b) are you demolishing existing building(s) to create a new building with new residential units? Yes No

How many residential units are being added?

- 7. Are you adding commercial space? Yes No

If yes, please provide the square footage

- 8. Please specify the financial incentives you are interested in if applying for the following programs:

a) Residential Program

- Grant Loan Both

b) Façade Improvement Program

- Grant Loan Both

9. If you are applying for the Façade Improvement Program, please specify what part of the building you are making improvements on? (Note: side and rear façade improvements are eligible only if the public view of the building is significant)

Front Façade

Side Façade

Rear Facade

10. Please specify what CIP area your property is located within.

11. Estimated total construction cost for the residential project:

12. Estimated total construction cost for the façade improvement:

13. Estimated total design and other profession costs:

(Note: You will be given estimates for funding on grants and loans based on the above estimates. The final calculations of grants and loans will be based on the building permit value for construction costs and actual receipts for design and professional costs.)

14. Have you made an application for a Building Permit Yes No
pertaining to the work being proposed?

AUTHORIZATION OF OWNER

If the applicant is not the owner of the subject lands, please complete the owner authorization concerning personal information as set out below.

I, _____, am the owner of the subject lands, and I authorize _____, to act on our behalf as the agent for the submissions required for all matters relating to the subject lands, and to provide any of my personal information that will be included in this application or collected during the planning process.



Date

Signature of Owner

AFFIDAVIT OR SWORN DECLARATION

I, _____ of _____ in the province of _____,
name of applicant City

make oath and say (or solemnly declare) that the information provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

Sworn (or declared) before me at the _____ on this _____ day of _____, 20_____.
City Day Month Year



Signature of Owner or Authorized Agent

Date

Signature of Commissioner of Oaths, etc.

Date



We are strapping the brick and installing ironstone grey board and batten siding. We are installing new windows throughout the entire house. A lot of the brick has to be repointed first as it is falling down and has many areas of deterioration as shown here in these pictures. We will also be adding new soffit fascia and eavestrough













**FINANCIAL INCENTIVES PROGRAM
ST. THOMAS COMMUNITY IMPROVEMENT PLAN
APPLICATION FORM**

OFFICE USE: Date Application Received: February 15, 2023	File Number: 2023-125
---	-----------------------

INSTRUCTIONS

- If the space provided is insufficient to respond to the question, please provide additional information on a separate page, clearly marked as to the subject question, and attached to the application form.
- Please attach financial quotes, drawings or other required information as appropriate.
- We recommend that the applicant keep a copy of the application form for your own records.
- To ensure that the application is readable, please fill out online or print in ink.
- Please ensure that the application has been signed by the property owner or authorized agent and commissioned.

OWNER/APPLICANT

1. Property Owner
 Name: YWCA St. Thomas-Elgin (legal name The Young Women's Christian Association of St. Thomas)
 Address: 16 Mary Street W, St Thomas
 Postal Code: N5P 2S3 Phone: 519-631-9800 Fax: 519-631-6411
 Email: lrice@ywcaste.ca

2. Agent/Applicant
 Name: _____
 Company: _____
 Address: _____
 Postal Code: _____ Phone: _____ Fax: _____
 Email: _____

Who is the primary contact?

- Registered Owner Applicant/Agent

*Note: Unless otherwise requested all communications will be sent to the Applicant.

*Please indicate the method of communication you would like to be contacted by.

- Phone Email Fax Mail

SUBJECT PROPERTY

1. Municipal Address:
21 Kains Street, St. Thomas, ON

2. Legal Description:
21 Kains St, St. Thomas. Total area: 2.2 acres (0.89 ha), 8400m2. The property is zoned as hR5-38 and legally described as: Plan of Survey of Lots 35, 36, 37, 38, 39, 40, 41, 42 and 43 and Unnumbered Lot lying between Lots 35, 36 and Lots 37, 38 and 39 and Part of Lot 34; .
Registered Plan 84; Part of London and Port Stanley Railway Block North of Kains Street; Registered Plan 43; City of St. Thomas; County of Elgin

3. Brief Description of Current Use:
vacant lot that has been remediated by the YWCA

- 4. Are property taxes for the subject property in arrears? Yes No
- 5. Are there any outstanding orders registered against the subject property? Yes No
- 6. Are there any outstanding violations under the Fire Code? Yes No
- 7. Have grants previously been received from the City for the subject property? Yes No

If yes, please describe, including total amounts of grants:

PROGRAM CHECKLIST

Please place a check next to the program(s) that you are applying for:

- Heritage Design Grant Program
- Heritage Façade and Building Improvement Program
- Residential Program
- Development Charge Grant Program
- Tax Increment Grant Program
- Parkland Dedication Grant Program
- Planning and Building Fees Grant Program
- Heritage Tax Relief Grant Program
- Environmental Site Assessment Grant Program

Please fill out the following sections with regards to the program(s) you are applying for. If additional space is required, please attach the information on a separate sheet.

DESCRIPTION OF PROPOSED RESIDENTIAL IMPROVEMENT PROJECT (IF APPLYING FOR RESIDENTIAL)

21 Kains Street, owned by the YWCA St. Thomas-Elgin, local not for profit organization will be developed by Doug Tarry Homes to create 40 new affordable rental units in the form of tiny homes - 1,2 and 3 bedrooms. The YWCA will own and operate the property as affordable and supportive housing for youth, adults and families. In addition to the rental houses our property will have a playground, fruit and vegetable gardens, amenities pad and a YWCA program house to deliver group based supports and services such as food security, cooking classes, food preparation, life skill development, financial literacy, social skills, 1:1 counseling and more! The property will be beautifully landscaped and accommodate 25 parking spaces. All homes will be built to net zero ready standard.

GENERAL APPLICATION QUESTIONS

- 1. Is your property a designated heritage building? Yes No
- 2. Is your property listed by the local Municipal Heritage Committee as a building of historic or architectural value? Yes No
- 3. Is your property located within the Downtown St. Thomas Heritage Conservation District? Yes No
- 4. What is the current status of the building? Vacant
 Occupied
 Underutilized

If other, please explain: _____

- 5. Are you converting and/or rehabilitating this space? Yes No
 - If yes: a) are you creating new residential units? Yes No
 - b) are you rehabilitating vacant residential units? Yes No
 - c) are you bringing occupied residential units up to code? Yes No
- 6. Are you intensifying and/or redeveloping this space? Yes No
 - If yes: a) are you creating new residential units through the addition of new building space? Yes No
 - b) are you demolishing existing building(s) to create a new building with new residential units? Yes No

How many residential units are being added?

- 7. Are you adding commercial space? Yes No
- If yes, please provide the square footage

8. Please specify the financial incentives you are interested in if applying for the following programs:

- a) Residential Program
 - Grant Loan Both
- b) Façade Improvement Program
 - Grant Loan Both

9. If you are applying for the Façade Improvement Program, please specify what part of the building you are making improvements on? (Note: side and rear façade improvements are eligible only if the public view of the building is significant)

Front Façade

Side Façade

Rear Facade

10. Please specify what CIP area your property is located within.

21 Kains Street Downtown St Thomas

11. Estimated total construction cost for the residential project:

12. Estimated total construction cost for the façade improvement:

13. Estimated total design and other profession costs:

(Note: You will be given estimates for funding on grants and loans based on the above estimates. The final calculations of grants and loans will be based on the building permit value for construction costs and actual receipts for design and professional costs.)

14. Have you made an application for a Building Permit Yes No pertaining to the work being proposed?

AUTHORIZATION OF OWNER

If the applicant is not the owner of the subject lands, please complete the owner authorization concerning personal information as set out below.

I, _____, am the owner of the subject lands, and I authorize _____, to act on our behalf as the agent for the submissions required for all matters relating to the subject lands, and to provide any of my personal information that will be included in this application or collected during the planning process.

Date

Signature of Owner

AFFIDAVIT OR SWORN DECLARATION

I, Lindsay Rlce of St. Thomas in the province of Ontario,
name of applicant City

make oath and say (or solemnly declare) that the information provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

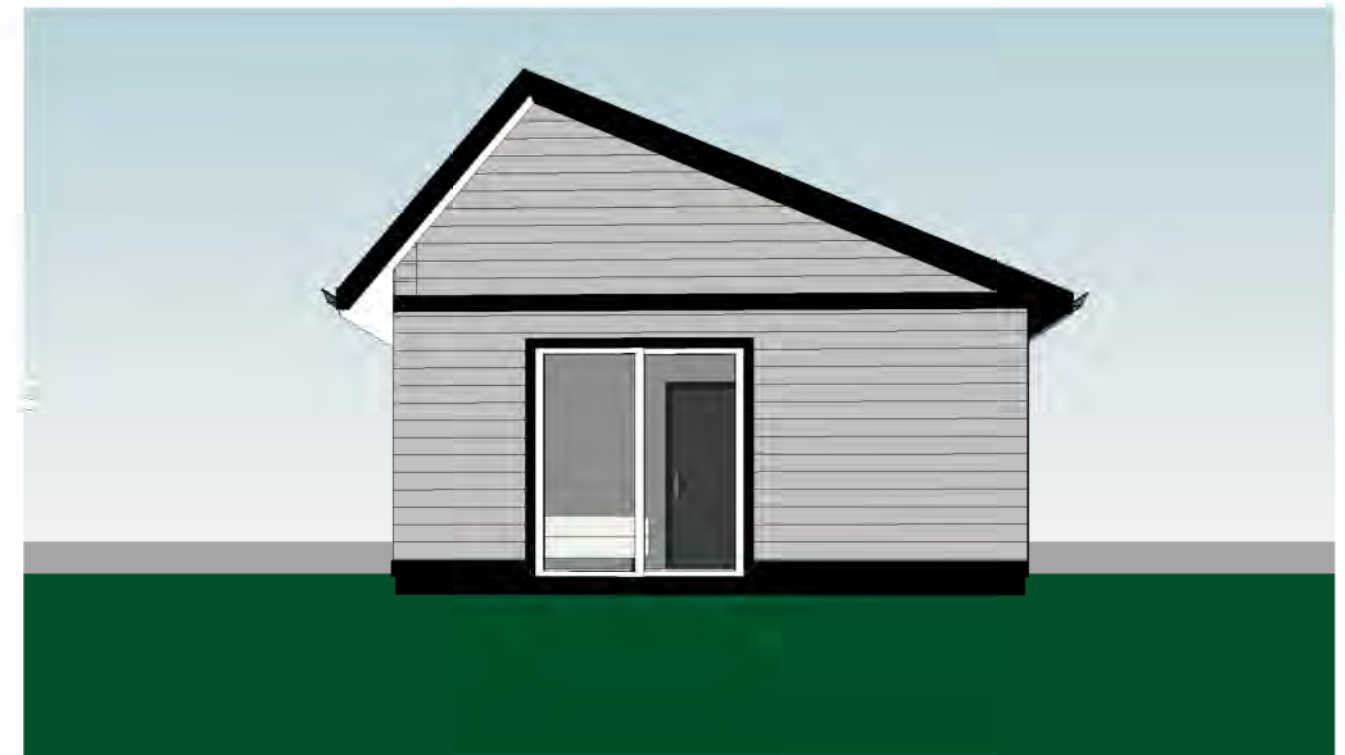
Sworn (or declared) before me at the St. Thomas on this 15 day of Feb, 2023.
City Day Month Year

Lindsay Rice Digitally signed by Lindsay Rice
Date: 2023.02.15 10:03:13 -05'00'
Signature of Owner or Authorized Agent

Feb 15, 2023
Date

Signature of Commissioner of Oaths, etc.

Date



TINY HOPE

1 STOREY BUNGALOW SINGLE
PLAN - MODERN STYLE



TINY HOPE

1 STOREY BUNGALOW SINGLE
PLAN - MODERN STYLE





TINY HOPE

2 STOREY 2 BEDROOM PLAN -
MODERN SEMI STYLE





TINY HOPE

2 STOREY 2 BEDROOM PLAN -
MODERN TOWN STYLE





TINY HOPE

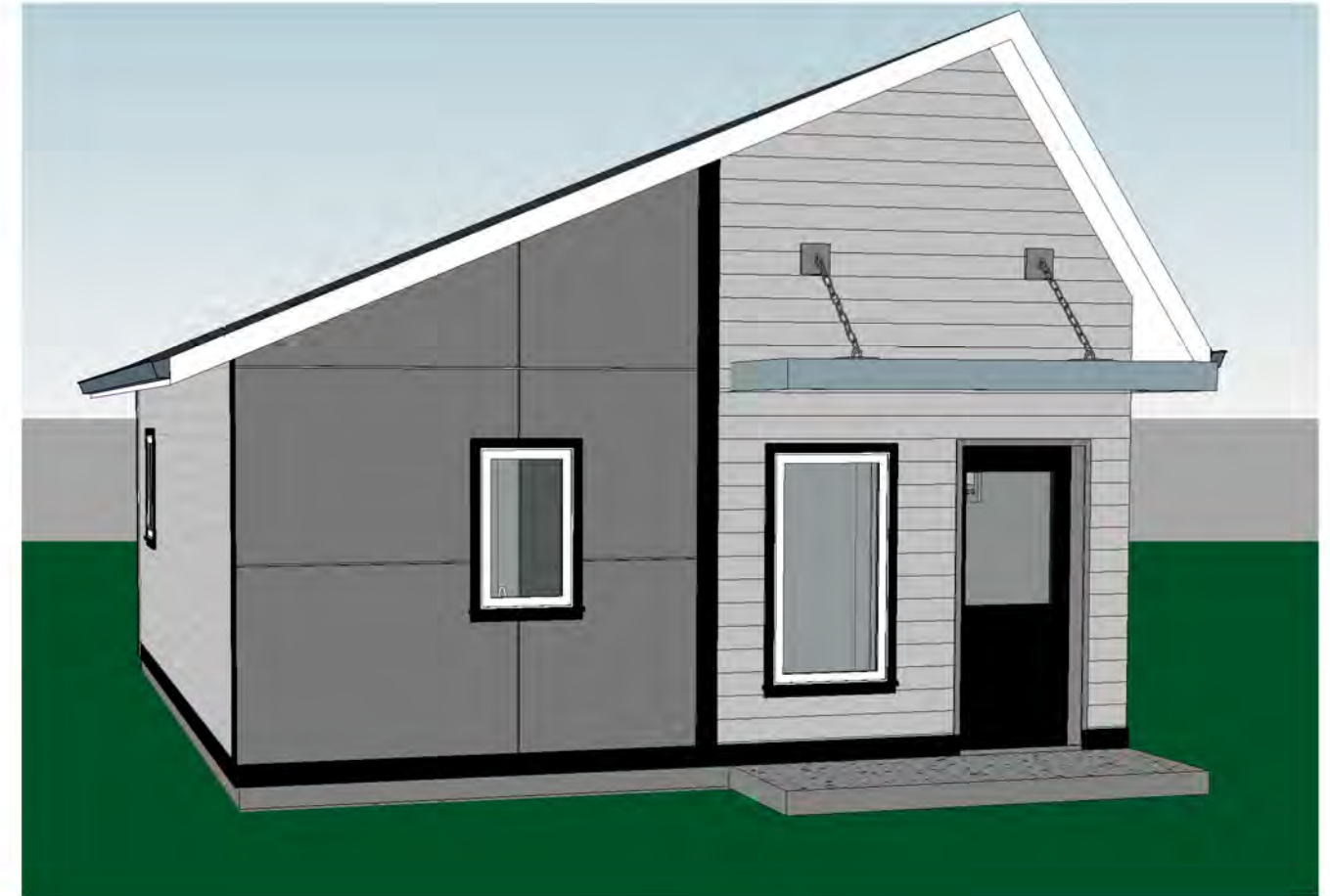
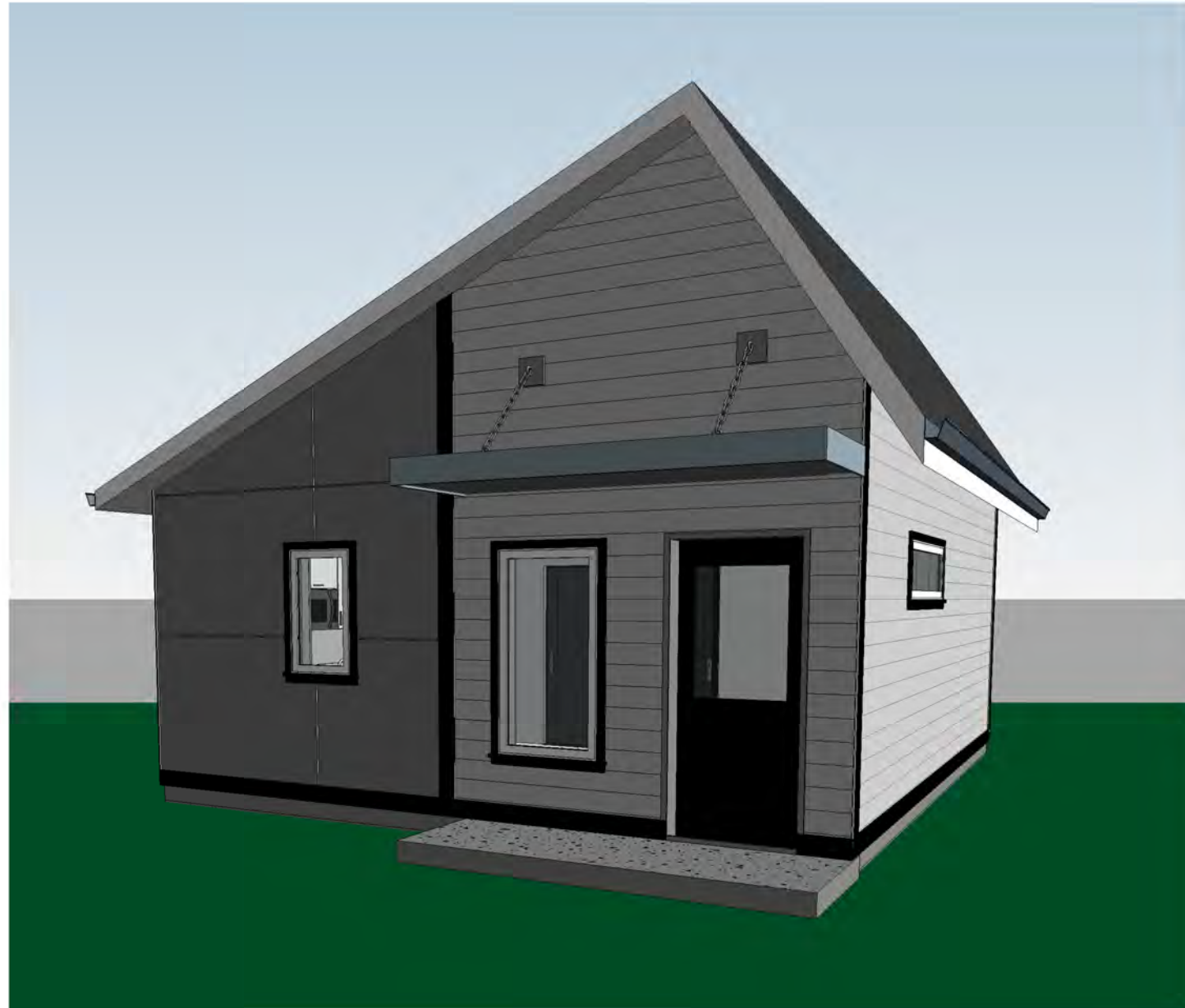
2 STOREY 3 BEDROOM PLAN -
MODERN TOWN STYLE





TINY HOPE

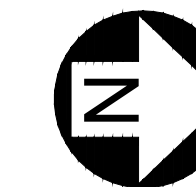
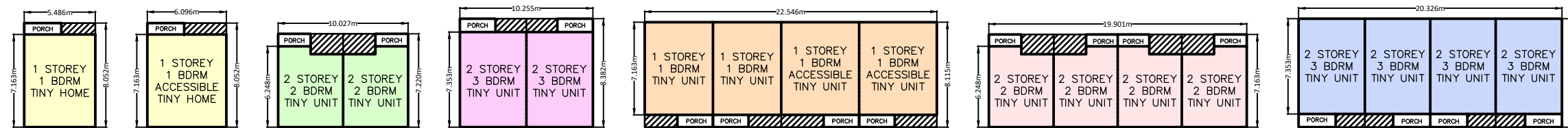
1 STOREY BUNGALOW SINGLE
PLAN - MODERN STYLE



TINY HOPE

1 STOREY BUNGALOW SINGLE
PLAN - MODERN STYLE

SUPPLEMENTAL LEGEND



KEY PLAN
SCALE: 1:10,000



ST THOMAS ZONING REQUIREMENTS			
ZONING	EXAMPLE ZONING	PROVIDED ON CONCEPT PLAN	
		INCLUDING ROAD WIDENING	2,942m ROAD WIDENING REMOVED
ZONING	R5	R5-XX	
PERMITTED USES:	-	PROGRAM HOUSE SINGLE & SEMI DETACHED DWELLING TOWNHOUSE	
LOT AREA (MIN.)	930m ²	8548.1m ²	8391.6m ²
LOT FRONTAGE (MIN.)	52m	53.5m	52.9m
YARDS			
FRONT (MIN.): SOUTH - KAIN'S ST			
SINGLE DETACHED DWELLING:	-	5.94m	3.0m
INTERIOR (MIN.): WEST			
ACCESSORY BUILDING:	0.3	0.7m (GARDEN SHED)	
SINGLE DETACHED DWELLING:	-		5.0m
PROGRAM HOUSE:	4.5m		5.0m
INTERIOR (MIN.): EAST			
SINGLE DETACHED DWELLING:	-	5.0m (1 STOREY) 7.0m (2 STOREY)	
REAR (MIN.): NORTH			
SINGLE DETACHED DWELLING:	-	10.2m	
LOT COVERAGE (MAX.)	40%	19.5%	19.9%
BUILDING HEIGHT (MAX.)	45m	PROGRAM HOUSE - 2 STOREY, 9m SINGLE DETACHED DWELLING, 8m	
UNIT DWELLING AREA (MIN.)			
SINGLE DETACHED DWELLING:	-	39m ²	
GROUND FLOOR AREA (MIN.)			
	-	39m ²	
NUMBER OF BUILDINGS:	-	26 (1 PROGRAM HOUSE, 16 TINY SINGLES, 4 TINY SEMIS, 4 TINY TOWNHOUSES, 1 ACCESSORY BUILDING)	
NUMBER OF UNITS (MAX.):	-	40 (TOTAL RESIDENTIAL)	
UNIT DENSITY:	250 units/ha	47 units/ha	48 units/ha
BUILDING AREA (TOTAL):	-	1674.6m ²	
GARBAGE STORAGE:		EXTERNAL GARBAGE STORAGE ENCLOSURE	
PARKING			
ACCESSIBLE PARKING	2 (1 'A' AND 1 'B')	TYPE 'A'	2
STANDARD PARKING	48	TYPE 'B'	2
TOTAL PARKING	50	25 (0.625 SPACE/UNIT)	

SEE DRAWING No. 4 FOR GENERAL NOTES

LEGEND	
— SAN —	PROPOSED SANITARY SEWER
— SAN —	EXISTING SANITARY SEWER
— SAN —	FUTURE SANITARY SEWER
— ST —	PROPOSED STORM SEWER
— ST —	EXISTING STORM SEWER
— ST —	FUTURE STORM SEWER
— B.F. —	E-BIKE PARKING
— B.F. —	BARRIER FREE SIGN
— W —	PROPOSED WATERMAIN
— W —	EXISTING WATERMAIN
— W —	FUTURE WATERMAIN
— P —	PROJECT LANDS
— C —	PROPOSED CURB CUT
— T —	PROPOSED TACTILE PLATE
— S.L. —	STREET LIGHTING
— M.H. —	MAINTENANCE HOLE
— C.B. —	CATCH BASIN
— W.V. —	WATER VALVE
— W.S.C.S. —	WATER SERVICE CURB STOP
— H. —	HYDRANT
— P.M. —	PAD MOUNTED
— T.F. —	27.6 KV. TRANSFORMER

CONSULTANT:
CJDL
Consulting Engineers

ST. THOMAS
THE RAILWAY CITY

STAMP:
PROFESSIONAL ENGINEER
D.J. LYLE
100174772
24 JAN 2023
PROVINCE OF ONTARIO

REVISION			
#	DESCRIPTION	DATE	BY
3	ISSUED FOR SITE PLAN APPLICATION	24 JAN 2023	DJL
2	ISSUED FOR REVISED OPA/ZBA APPLICATION	27 OCT 2022	DJL
1	ISSUED FOR OPA/ZBA APPLICATION	22 DEC 2021	DJL
#	DESCRIPTION	DD MM YYYY	BY

CONTRACT #: 19073
PROJECT NAME: TINY HOPE
21 KAINS STREET
YWCA/DOUG TARRY LIMITED

SCALE: 1:400
DRAWING #: 1

SITE PLAN

I:\ACAD Projects\2019\19073\01-Model\19073_SITE PLAN.dwg - 2023-01-24 3:59:25 PM - CDLPC34

**FINANCIAL INCENTIVES PROGRAM
ST. THOMAS COMMUNITY IMPROVEMENT PLAN
APPLICATION FORM**

OFFICE USE: Date Application Received: February 27, 2023 File Number: 2023-126

INSTRUCTIONS

- If the space provided is insufficient to respond to the question, please provide additional information on a separate page, clearly marked as to the subject question, and attached to the application form.
- Please attach financial quotes, drawings or other required information as appropriate.
- We recommend that the applicant keep a copy of the application form for your own records.
- To ensure that the application is readable, please fill out online or print in ink.
- Please ensure that the application has been signed by the property owner or authorized agent and commissioned.

OWNER/APPLICANT

1. Property Owner
Name: Ryszard Witulski
Address: 288 Blue Heron Ridge
Postal Code: N3H 3G7 Phone: 4168591583 Fax: _____
Email: rwitulski@rogers.com

2. Agent/Applicant
Name: Ryszard Witulski
Company: 2310685 Ontario Inc
Address: 288 Blue Heron Ridge
Postal Code: N3H 3G7 Phone: 4168591583 Fax: _____
Email: rwitulski@rogers.com

Who is the primary contact?

- Registered Owner Applicant/Agent

*Note: Unless otherwise requested all communications will be sent to the Applicant.

*Please indicate the method of communication you would like to be contacted by.

- Phone Email Fax Mail

SUBJECT PROPERTY

1. Municipal Address:
408 Talbot St.

2. Legal Description:
PT LT 1, BLK T, PLAN 3, ST. THOMAS, PT 1,11R6764; ST. THOMAS; LOT 2, BLK T, PLAN 3, ST. THOMAS

3. Brief Description of Current Use:
Currently the Building is vacant however prior it was used as an office.

4. Are property taxes for the subject property in arrears? Yes No
5. Are there any outstanding orders registered against the subject property? Yes No
6. Are there any outstanding violations under the Fire Code? Yes No
7. Have grants previously been received from the City for the subject property? Yes No

If yes, please describe, including total amounts of grants:

PROGRAM CHECKLIST

Please place a check next to the program(s) that you are applying for:

- Heritage Design Grant Program
- Heritage Façade and Building Improvement Program
- Residential Program
- Development Charge Grant Program
- Tax Increment Grant Program
- Parkland Dedication Grant Program
- Planning and Building Fees Grant Program
- Heritage Tax Relief Grant Program
- Environmental Site Assessment Grant Program

Please fill out the following sections with regards to the program(s) you are applying for. If additional space is required, please attach the information on a separate sheet.

DESCRIPTION OF PROPOSED RESIDENTIAL IMPROVEMENT PROJECT (IF APPLYING FOR RESIDENTIAL)

The building is presently vacant and last use was an office use. The project is to convert the second floor in to 5 appartments consisting a combination of 1 bedroom and bachelor units. The main floor upon renovation would be dedicated to commercial use.

The space size undergoing the conversion is of approximately 3150 sqft. The building consists of three separate enterances and under this appication the plan is to dedicate one or two of such entrance to residential use only (to allow for separation of the residential flow from the commercial traffic).

The scope of work is as follows:

1. Redesign the second floor in to 5 residential units.
2. Redesign the main floor to accommodate retail/medical use.

During the Heritage Permit review the foolowign aspects were reviewed.

The windows: Approximately 7 windows must be replaced to allow ventilation due to building code requirements. The windows will be replaced to maintain the unified look of the building as per the outcome of the review.

The HVAC: At this sate the HVAC is proposed to be located on the roof of the building so it would not affect the look of the building in any manner.

It is the intention to begin works as soon as possible. The contractor was selected and we are awaiting the issuance of permits from Heritage application. The building permits were already issued.

In addition under this program it is our intention to refresh the facade prior to occuppancy. The intention is to improve the St. Thomas downtown with another fully refreshe building that increase the overall appeal while at the same time make the streets safer by ensuring the Heritage buildin is not posing any risks to passbyers.

The scope of work as per plan would involve Front, Side and Back Facade by Repairing, Painting if necessary and replacing any damage sections with high emphysis on maintainign the overall building design.

GENERAL APPLICATION QUESTIONS

1. Is your property a designated heritage building? Yes No
2. Is your property listed by the local Municipal Heritage Committee as a building of historic or architectural value? Yes No
3. Is your property located within the Downtown St. Thomas Heritage Conservation District? Yes No
4. What is the current status of the building? Vacant
 Occupied
 Underutilized

If other, please explain: _____

5. Are you converting and/or rehabilitating this space? Yes No
- If yes: a) are you creating new residential units? Yes No
b) are you rehabilitating vacant residential units? Yes No
c) are you bringing occupied residential units up to code? Yes No

6. Are you intensifying and/or redeveloping this space? Yes No
- If yes: a) are you creating new residential units through the addition of new building space? Yes No
b) are you demolishing existing building(s) to create a new building with new residential units? Yes No

How many residential units are being added?

7. Are you adding commercial space? Yes No

If yes, please provide the square footage

8. Please specify the financial incentives you are interested in if applying for the following programs:

a) Residential Program
 Grant Loan Both

b) Façade Improvement Program
 Grant Loan Both

9. If you are applying for the Façade Improvement Program, please specify what part of the building you are making improvements on? (Note: side and rear façade improvements are eligible only if the public view of the building is significant)

Front Façade

Side Façade

Rear Facade

10. Please specify what CIP area your property is located within.

primary and downtown CIPA

11. Estimated total construction cost for the residential project:

12. Estimated total construction cost for the façade improvement:

13. Estimated total design and other profession costs:

(Note: You will be given estimates for funding on grants and loans based on the above estimates. The final calculations of grants and loans will be based on the building permit value for construction costs and actual receipts for design and professional costs.)

14. Have you made an application for a Building Permit Yes No pertaining to the work being proposed?

AUTHORIZATION OF OWNER

If the applicant is not the owner of the subject lands, please complete the owner authorization concerning personal information as set out below.

I, Ryszard Witulski, am the owner of the subject lands, and I authorize Bob Barclay, to act on our behalf as the agent for the submissions required for all matters relating to the subject lands, and to provide any of my personal information that will be included in this application or collected during the planning process.

20/08/21
Date

Ryszard Witulski Digitally signed by Ryszard Witulski
Date: 2023.02.24 09:29:55 -05'00'
Signature of Owner

AFFIDAVIT OR SWORN DECLARATION

I, Ryszard Witulski of Cambridge in the province of Ontario,
name of applicant City

make oath and say (or solemnly declare) that the information provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

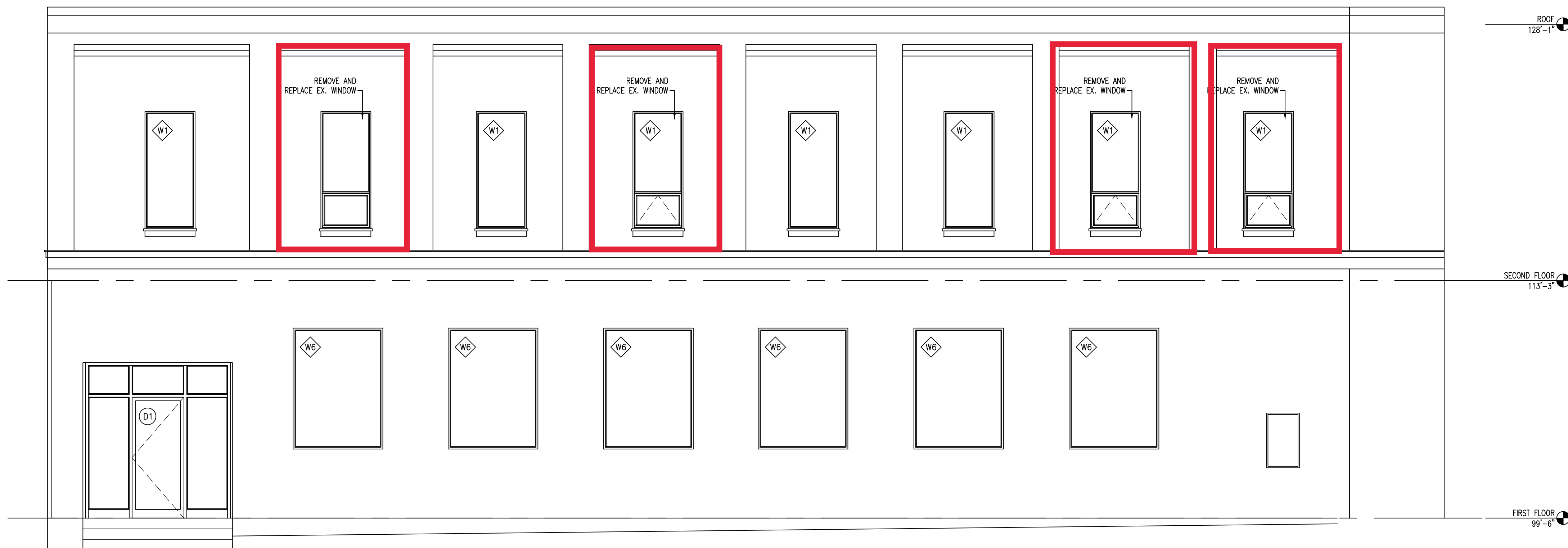
Sworn (or declared) before me at the _____ on this _____ day of _____, 20_____.
City Day Month Year

Signature of Owner or Authorized Agent

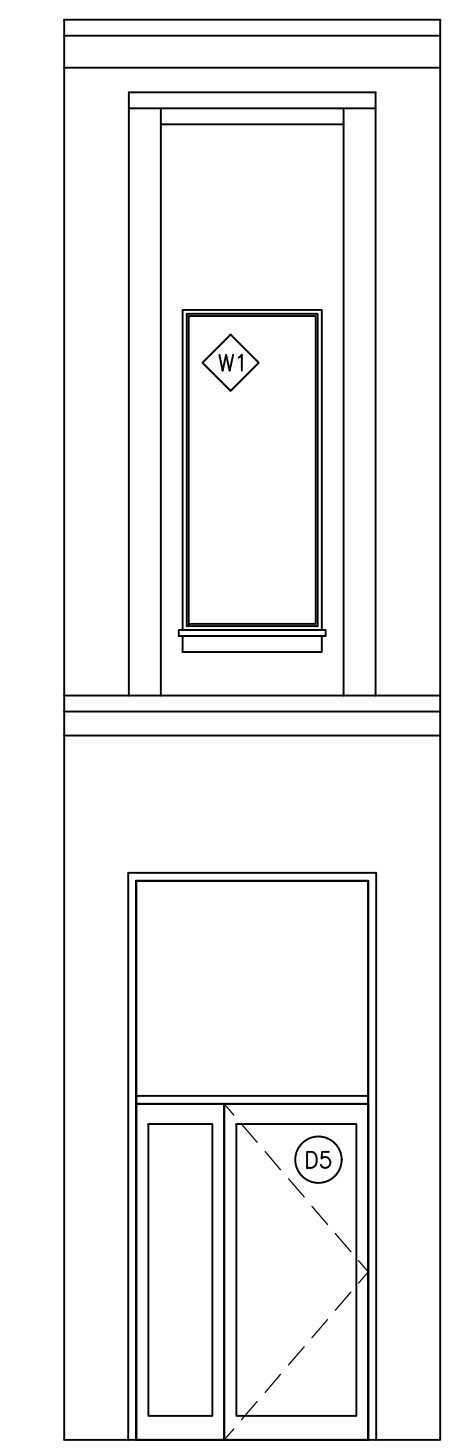
Date

Signature of Commissioner of Oaths, etc.

Date



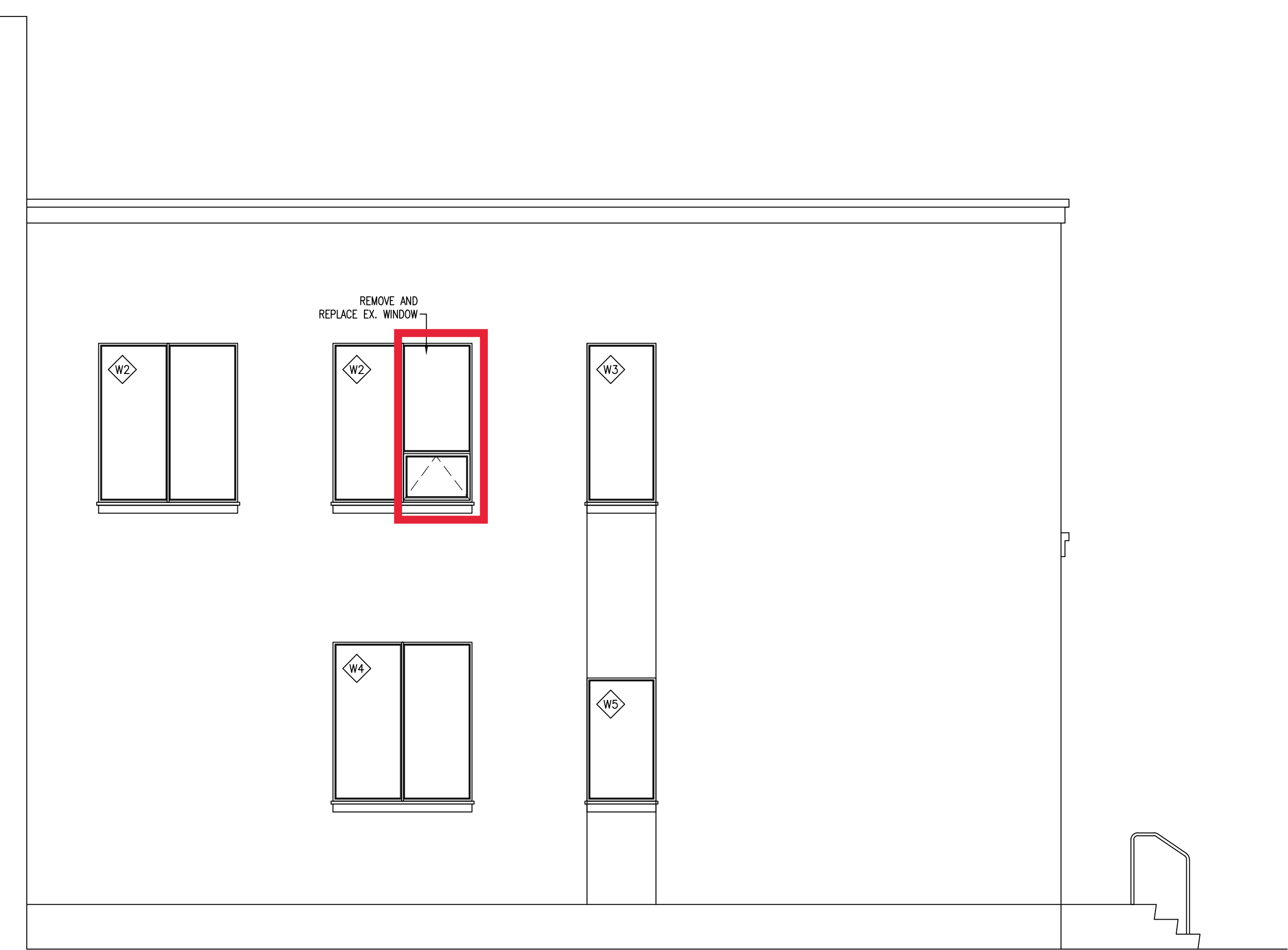
1 EAST ELEVATION
SCALE 1/4"=1'



2 NORTH/EAST ELEVATION
SCALE 1/4"=1'



3 NORTH ELEVATION
SCALE 1/4"=1'



3 NORTH ELEVATION
SCALE 1/4"=1'



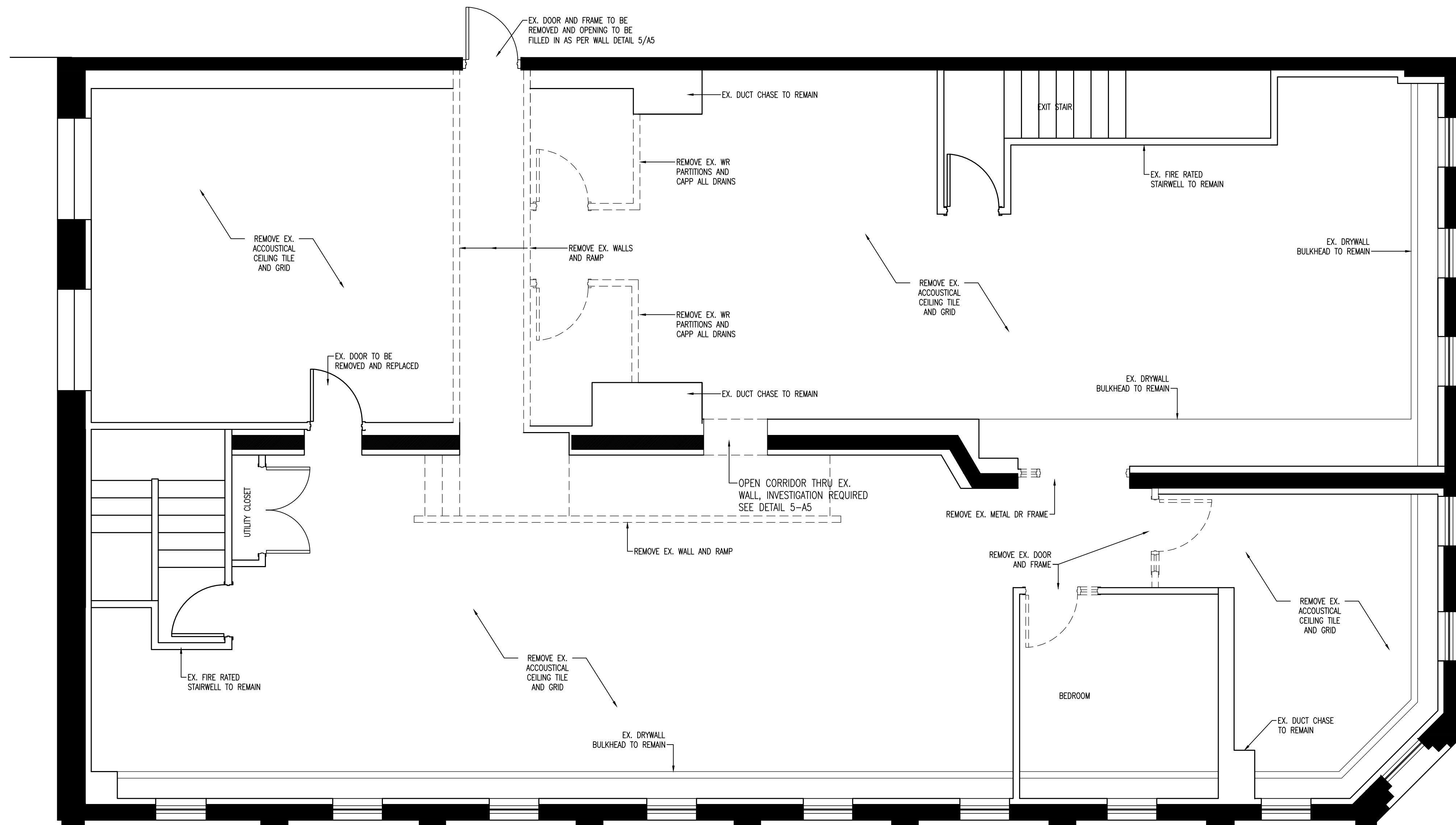
No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
DESIGN & CONSULTING
30 NOLAN STREET,
ST. THOMAS, ON. N5P 1X2
226-582-0561
barclay10@msn.com

SHEET
BUILDING ELEVATIONS

Project Name and Address
406-408 TALBOT ST.
ST. THOMAS, ON.

Project	2022008	Sheet	A4
Date	03/07/2022		
Scale	AS NOTED		



DEMOLITION NOTES:
 -CONTRACTOR TO PROVIDE ALL LABOUR, EQUIPMENT ETC. TO DEMOLISH AND DISPOSE OF MATERIALS AS PER THE GENERAL DEMOLITION PLAN.
 -ALL SAFETY PROCEDURES TO BE OBSERVED AT ALL TIMES
 -CONTRACTOR TO PROVIDE WSIB CLEARANCE BEFORE COMMENCING WORK
 -SITE TO BE KEPT CLEAN AND FREE OF HAZARDS AT ALL TIMES
 -REMOVE ALL CARPETS AND FLOOR COVERINGS
 -REMOVE EX. ACCOUSTICAL CEILINGS, GRID, HANGERS ETC.
 -REMOVE ALL MECHANICAL DUCT WORK ASSOCIATED WITH HVAC UNIT (SOUTH)
 -REMOVE EX. WR. EXHAUST DUCT WORK ETC.
 -REMOVE WALLS AS NOTED ON PLAN
 -REMOVE RAMP AND STAIRS AS PER PLAN
 -REMOVE EX. ELECTRICAL LIGHTING AND WIRING BACK TO EX. PANEL
 -REMOVE EX. ELECTRICAL BASE BLD. HEATERS
 -REMOVE EX. WASHROOM FIXTURES
 -DO NOT REMOVE ANY EMERGENCY LIGHTING AND/OR ALARMS WITHOUT CONSENT OF THE ELECTRICAL ENGINEER.
 -DO NOT REMOVE EX. DOOR BETWEEN 406-408 TALBOT AND 400 TALBOT UNTIL REMEDIAL WORK IS READY TO PROCEED.
 -CONTRACTOR IS TO PROVIDE MATERIAL REMOVAL FROM SITE AND DISPOSE OF SAME AT CERTIFIED DISPOSAL SITE.
 -CONTRACTOR IS TO ARRANGE WASTE CONTAINER LOCATION AND ANY PERMITS REQUIRED.
 -CONTRACTOR TO PROVIDE ALL SAFETY FENCING/BARRIERS ETC AS REQ.
 -ALL PLUMBING DRAINS, WATER LINES TO BE PROPERLY CAPPED
 -ALL ELECTRICAL WIRING ETC TO BE RENDERED INACTIVE AS REQ.



No.	Revision/issue	Date

BARCLAY PROJECT MANAGEMENT
 DESIGN & CONSULTING
 30 NOLAN STREET,
 ST. THOMAS, ON. N5P 1X2
 226-582-0561
 barclay10@msn.com

SHEET
 SECOND FLOOR DEMOLITION
 PLAN

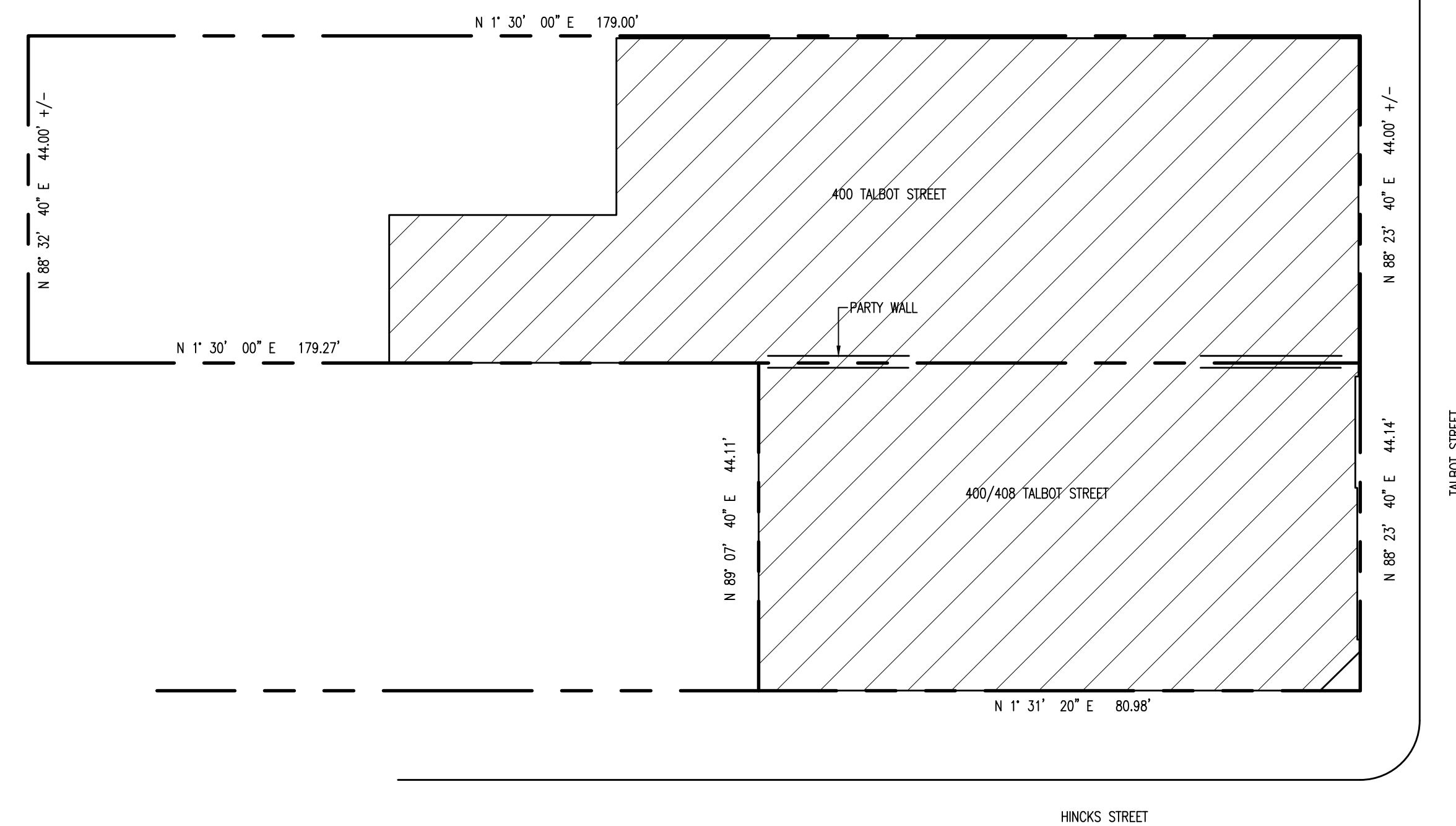
Project Name and Address
 406-408 TALBOT ST.
 ST. THOMAS, ON.

Project	2022008	Sheet	D1
Date	03/07/2022		
Scale	AS NOTED		

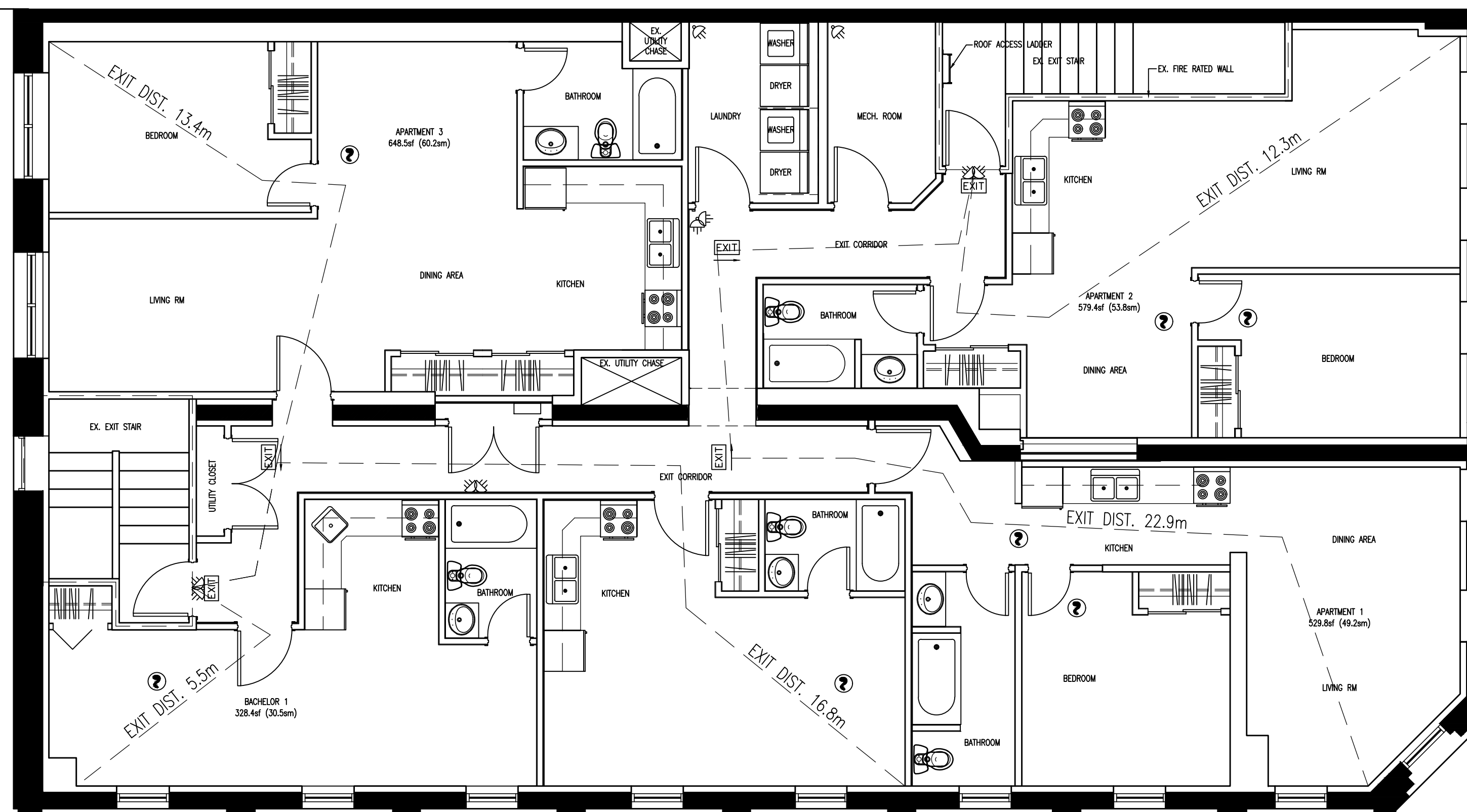
1 SECOND FLOOR DEMOLITION PLAN
 D1 SCALE 1/4"=1'

Name of Project: NEW 5 UNIT APARTMENT CONVERSION (SECOND FLR) 406-408 TALBOT STREET ST. THOMAS, ON.		Ontario Building Code Data Matrix Parts 3 & 9		OBC Reference	
1	Project Description:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change of Use <input type="checkbox"/> Alteration	Part 11 11.1 to 11.4	<input type="checkbox"/> Part 3 2.1.1	<input checked="" type="checkbox"/> Part 9 2.1.1 9.10.1.3
2	Major Occupancy(s) GROUP D (FIRST & BASEMENT), GROUP C (SECOND)				3.1.2.1.(1) 9.10.2
3	Building Area (m ²) Existing: 328.16 New: 0 Total: 328.16				1.1.3.2 1.1.3.2
4	Gross Area Existing: 984.48 New: 0 Total: 984.48				1.1.3.2 1.1.3.2
5	Number of Storeys 2 Below grade 1				3.2.1.1 & 1.1.3.2 2.1.1.3
6	Number of Streets/Fire Fighter Access: 2				3.2.2.10 & 3.2.5 9.10.19
7	Building Classification: GROUP D (FIRST & BASEMENT), GROUP C (SECOND)				3.2.2.20-83 9.10.4
8	Sprinkler System Proposed	<input type="checkbox"/> entire building <input type="checkbox"/> basement only <input type="checkbox"/> in lieu of roof rating <input checked="" type="checkbox"/> not required			3.2.2.20-83 3.2.1.5 3.2.2.17 9.10.8
9	Standpipe required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.9 N/A
10	Fire Alarm required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.4 9.10.17.2
11	Water Service/Supply is Adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			3.2.5.7 N/A
12	High Building	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.2.6 N/A
13	Permitted Construction	<input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input checked="" type="checkbox"/> Both			3.2.2.20-83 9.10.6
14	Actual Construction	<input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input checked="" type="checkbox"/> Both			3.2.2.20-83 9.10.6
14	Mezzanine(s) Area m ² NA				3.2.1.1.(3)-(8) 9.10.4.1
15	Occupant load based on BEDROOMS design of building				3.1.16 9.9.1.3
16	Whole Building Occupancy 2 nd FLR APARTMENTS 10				3.8 9.5.2
17	Barrier-free Design	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No FIRST FLR ONLY			3.3.1.2 & 3.3.1.19 9.10.1.3(4)
18	Hazardous Substances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			3.3.1.2 & 3.3.1.19 9.10.1.3(4)
18	Required Fire Resistance Rating (FRR)	Horizontal Assemblies FRR (Hours)	Listed Design No. or Description (SB-3)		3.2.2.20-83 & 3.2.1.4 9.10.8 9.10.9
		Floors: 1hr. F.R.R.	EXISTING		
		Roof: 1hr. F.R.R.	EXISTING		
		Ext. Wall: 1hr. F.R.R.	EXISTING		
		Suite Demising Walls 1hr. F.R.R. Corridor walls 1hr. F.R.R. Mechanical Rooms	SB-3 S2a SB-3 S2a SB-3 S2e		

Ontario Building Code Data Matrix Parts 3 & 9, updated December 14, 2005

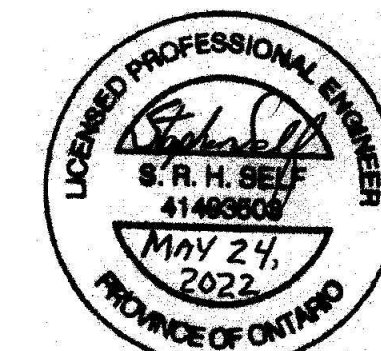


1 SITE PLAN
AD SCALE 1/16"=1'



2 EXIT DISTANCES
AD SCALE 3/16"=1'

General Notes



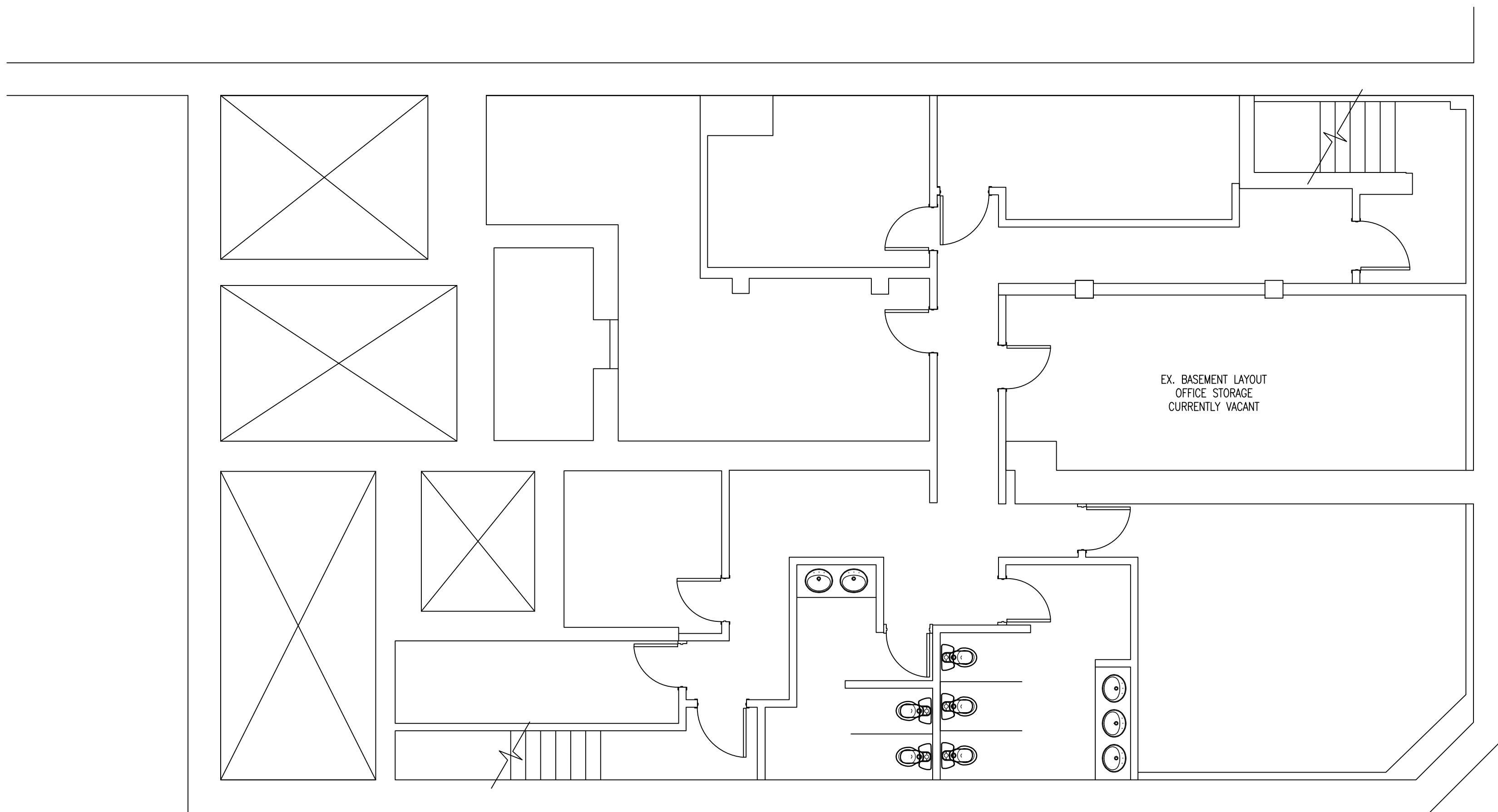
No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
DESIGN & CONSULTING
30 NOLAN STREET,
ST. THOMAS, ON. N5P 1X2
226-582-0561
barclay10@msn.com

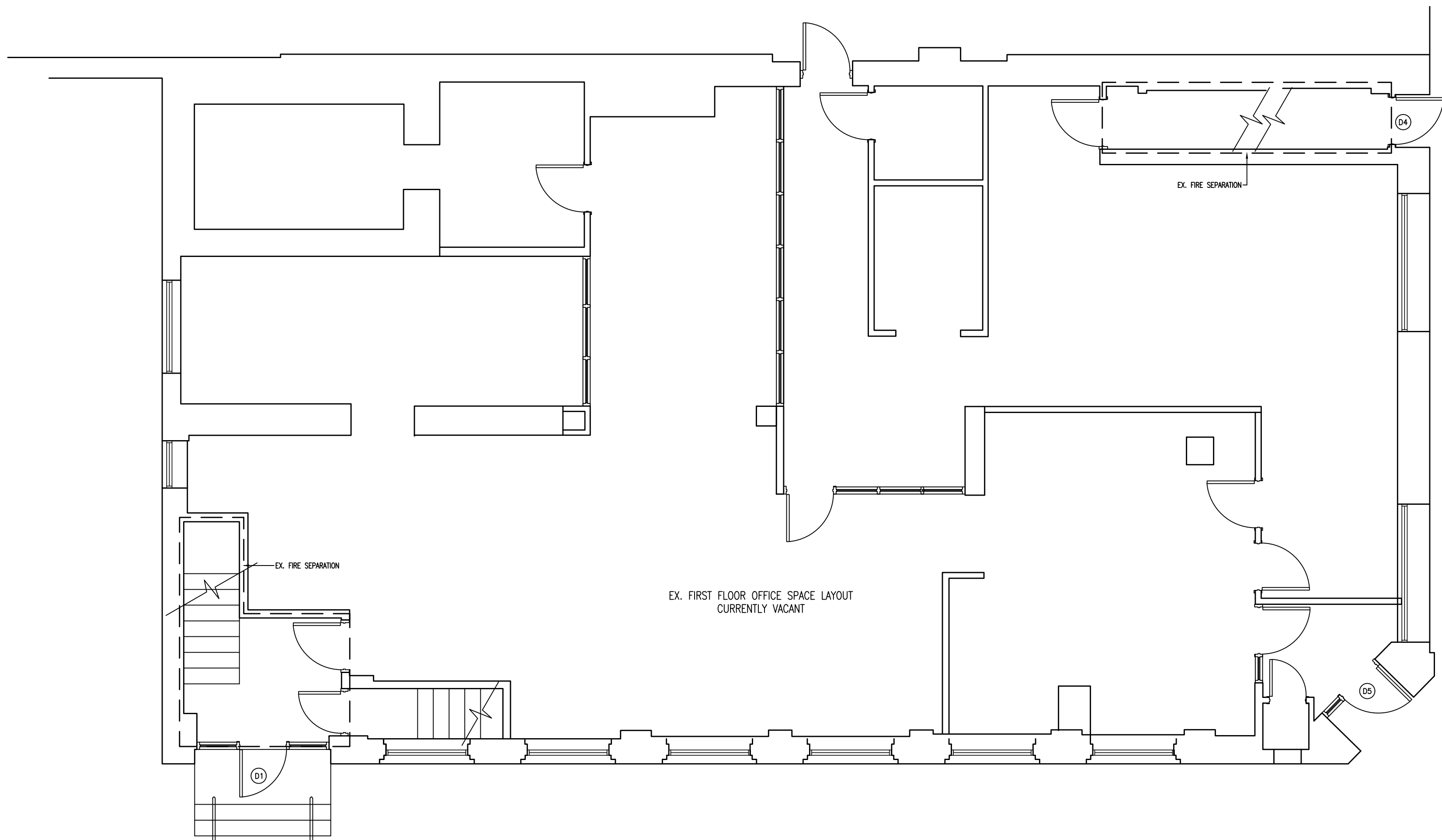
SHEET
OBC MATRIX
SITE PLAN
EXIT DISTANCES

Project Name and Address
406-408 TALBOT ST.
ST. THOMAS, ON.

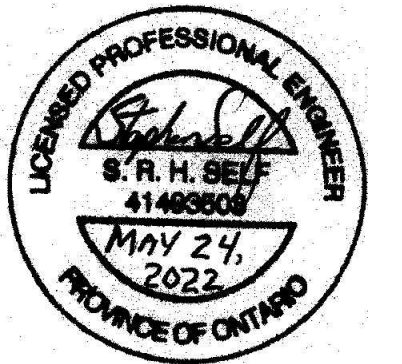
Project	2022008	Sheet	A0
Date	03/07/2022		
Scale	AS NOTED		



1 EX. BASEMENT FLOOR PLAN
 A1 SCALE 3/16"=1'



2 EX. FIRST FLOOR PLAN
 A1 SCALE 3/16"=1'



No.	Revision/Issue	Date

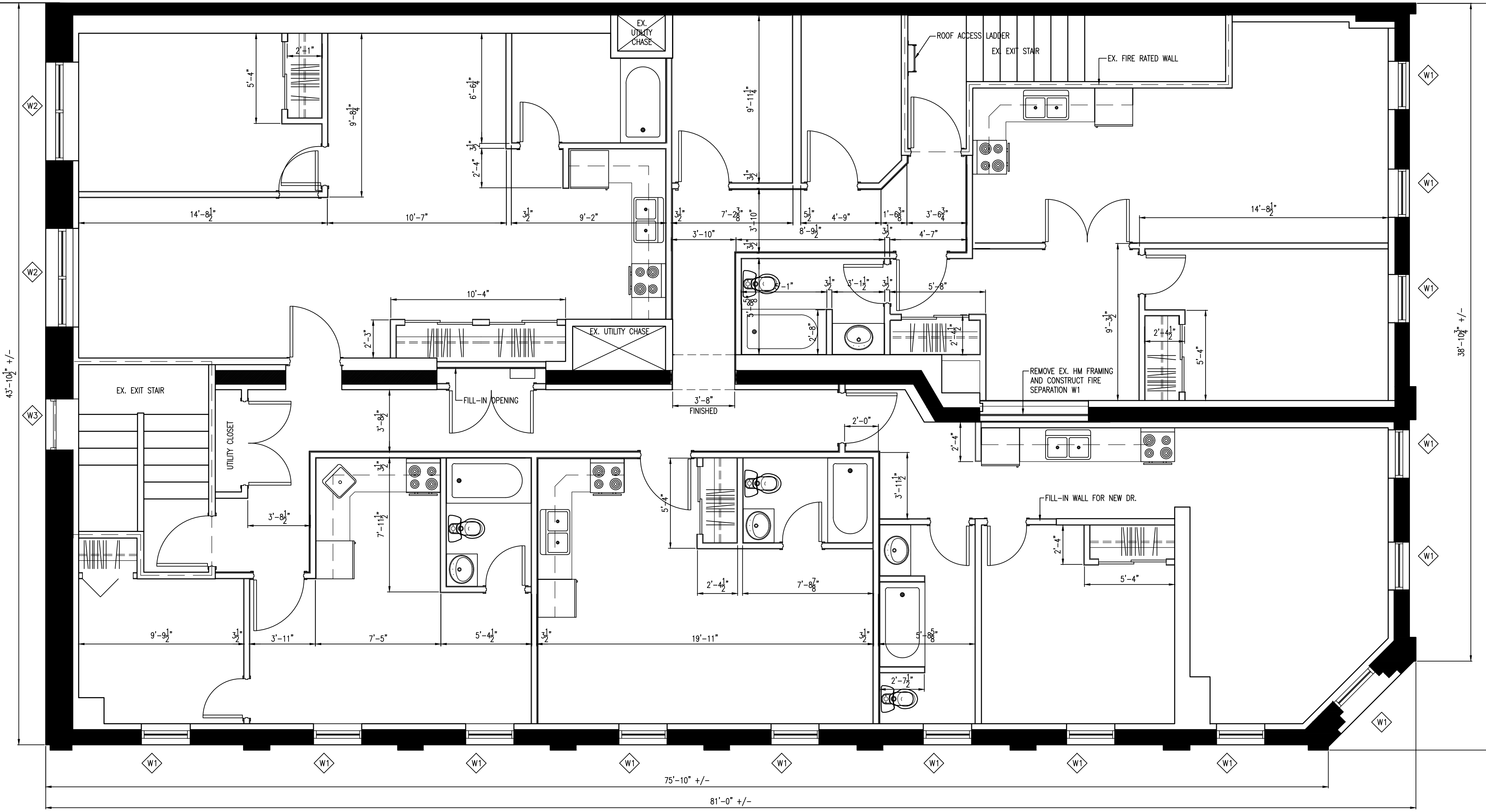
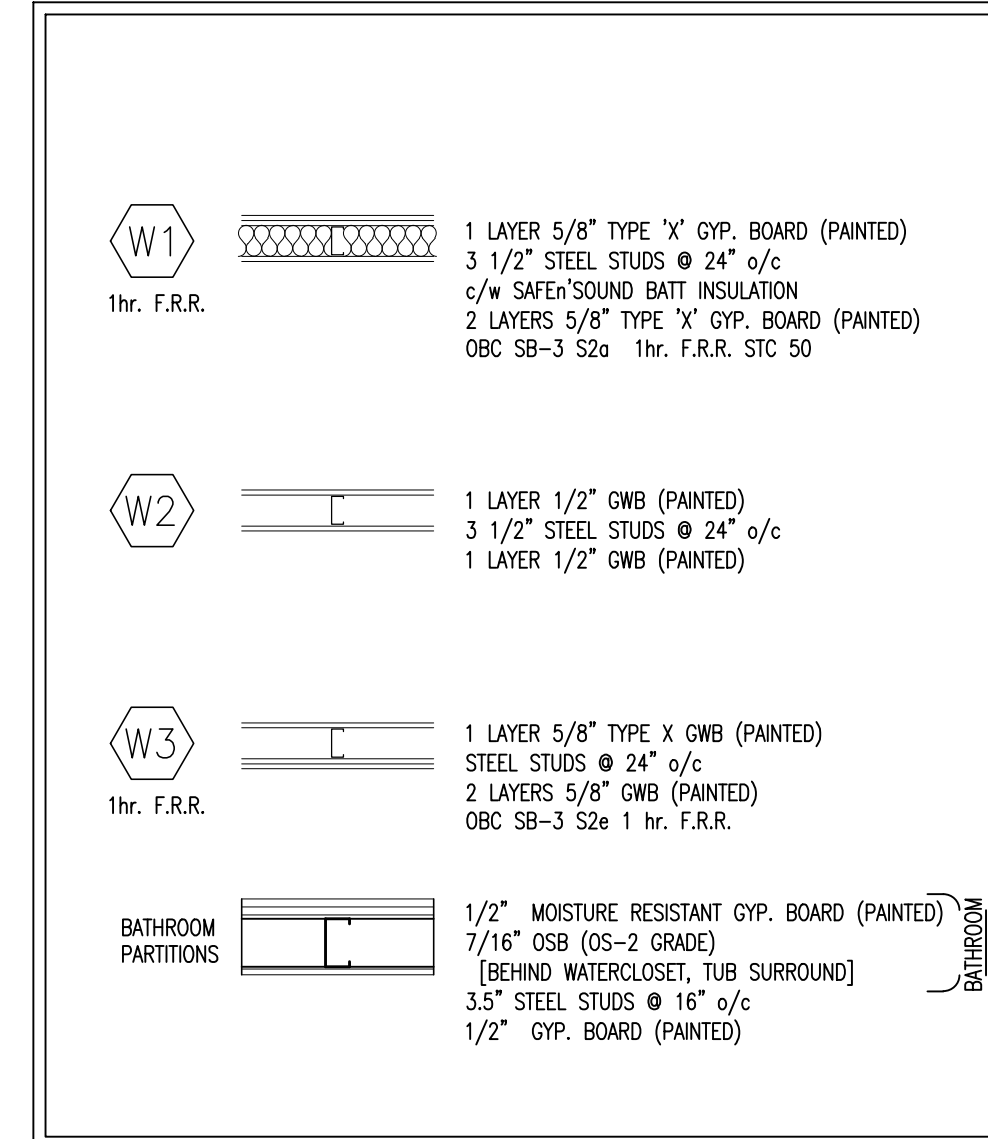
BARCLAY PROJECT MANAGEMENT
 DESIGN & CONSULTING
 30 NOLAN STREET,
 ST. THOMAS, ON. N5P 1X2
 226-582-0561
 barclay10@msn.com

SHEET
 EX. BASEMENT PLAN
 EX. FIRST FLOOR PLAN

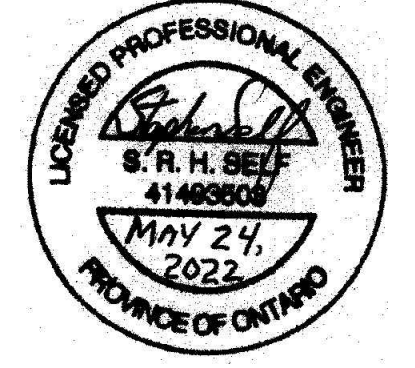
Project Name and Address
 406-408 TALBOT ST.
 ST. THOMAS, ON.

Project	2022008	Sheet	A1
Date	03/07/2022		
Scale	AS NOTED		

WALL TYPE LEGEND



FRAMING NOTES:
 -DIMENSIONS ARE MEASURED TO STUD FACES
 -CONTRACTOR TO ADJUST WALL PLACEMENT BASED ON SELECTED TUBS ETC. AND ON-SITE CONDITIONS.
 -PUBLIC CORRIDOR DIMENSIONS MAY NOT BE ADJUSTED SMALLER
 -CORRIDOR FIRE RATING TO BE UN-INTERRUPTED BY INTERIOR SUITE PARTITION WALLS
 -ALL WALLS TO BE FINISHED TAPED AND 2 COATS OF COMPOUND, SANDED AND READY FOR PAINT



No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
 DESIGN & CONSULTING
 30 NOLAN STREET,
 ST. THOMAS, ON. N5P 1X2
 226-582-0561
 barclay10@msn.com

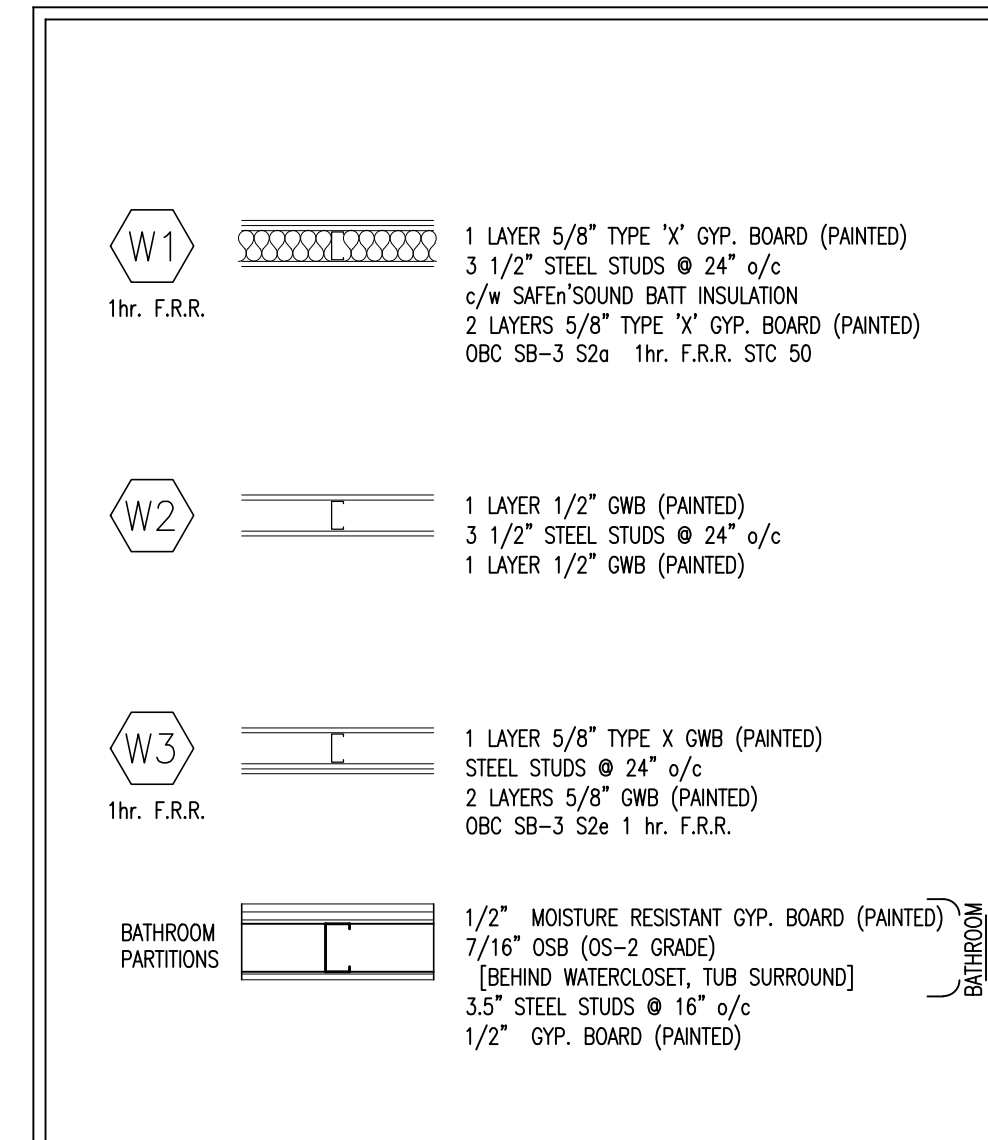
SHEET
 SECOND FLOOR
 WALL FRAMING PLAN

Project Name and Address
 406-408 TALBOT ST.
 ST. THOMAS, ON.

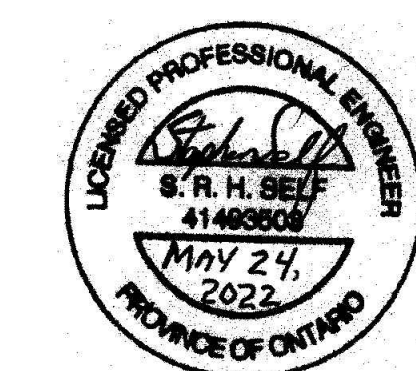
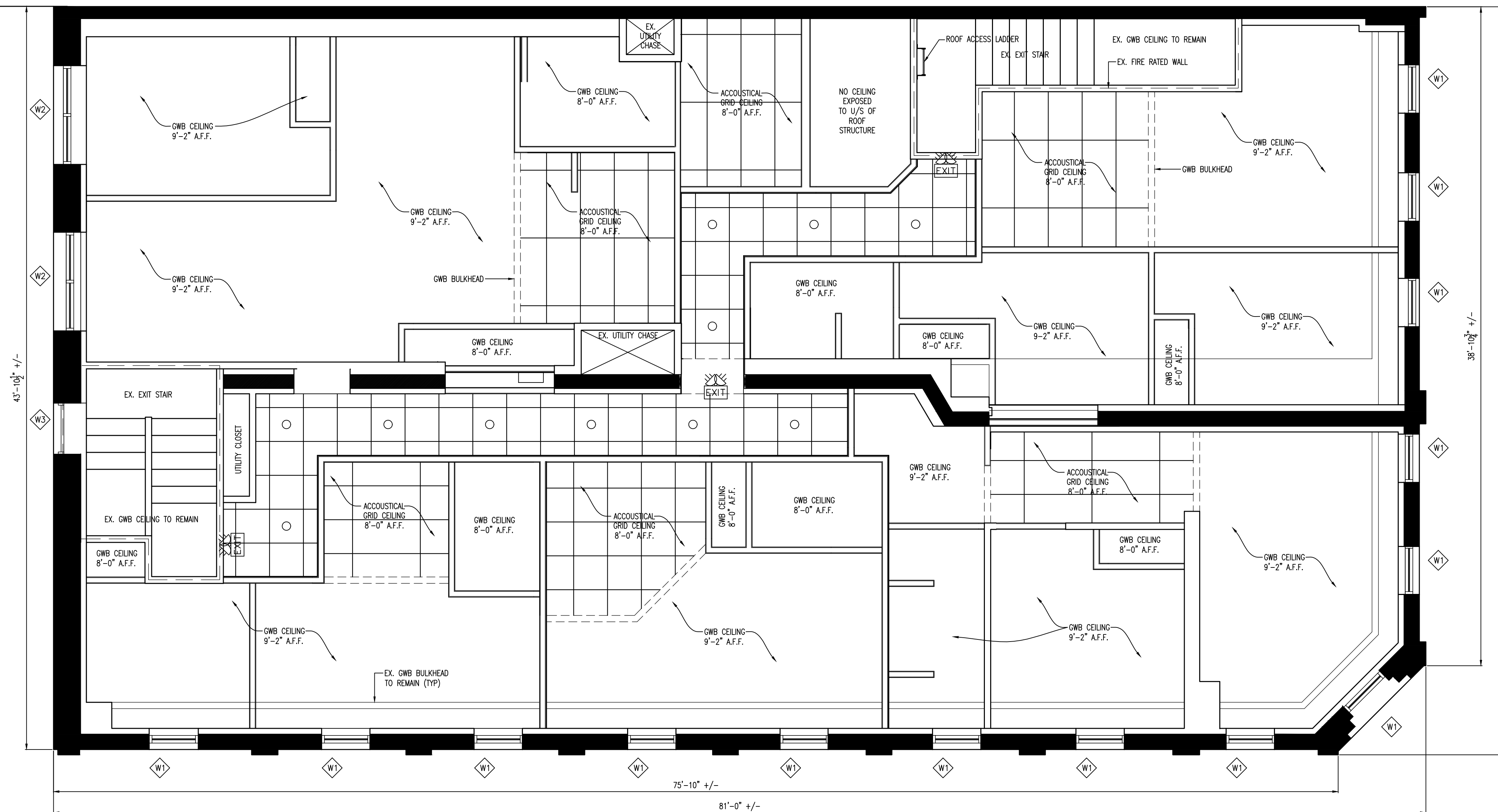
Project	2022008	Sheet	A2.1
Date	03/07/2022	Scale	
Scale	AS NOTED		

1 WALL FRAMING PLAN
 A2.1 SCALE 1/4"=1'

WALL TYPE LEGEND



NOTE: REFER TO ELECTRICAL PLAN FOR LIGHTING AND ALL CEILING MOUNTED EQUIPMENT



No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
 DESIGN & CONSULTING
 30 NOLAN STREET,
 ST. THOMAS, ON. N5P 1X2
 226-582-0561
 barclay10@msn.com

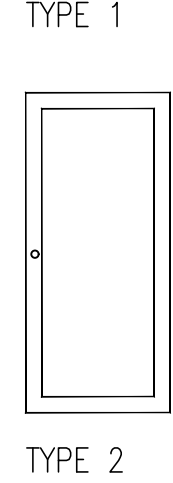
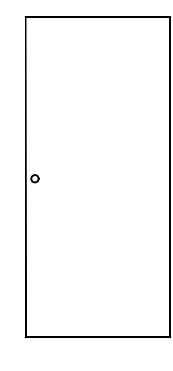
SHEET
 SECOND FLOOR
 REFLECTED CEILING PLAN

Project Name and Address
 406-408 TALBOT ST.
 ST. THOMAS, ON.

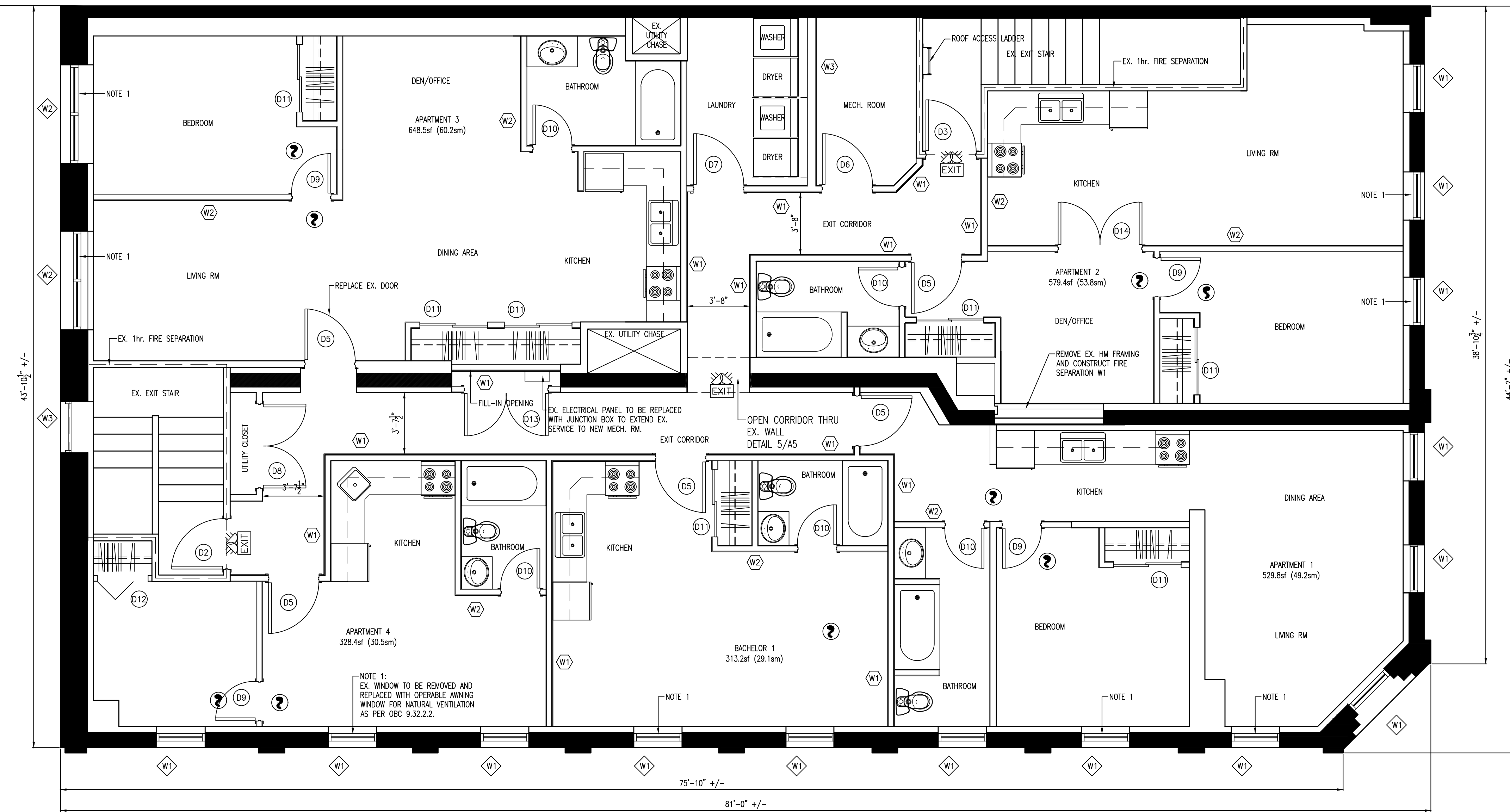
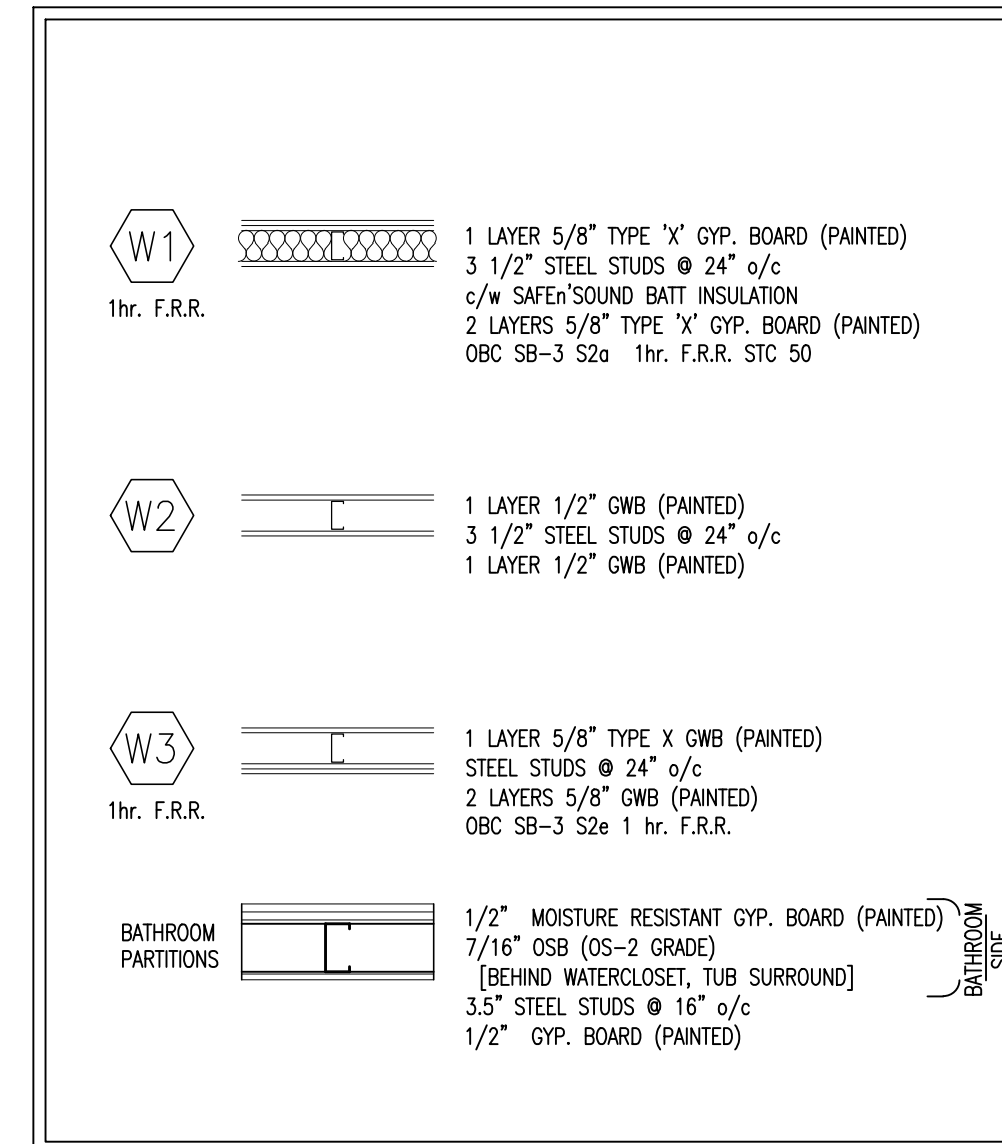
Project	2022008	Sheet	A2.2
Date	03/07/2022	Scale	
Scale	AS NOTED		

1 REFLECTED CEILING PLAN
 A2.2 SCALE 1/4"=1'

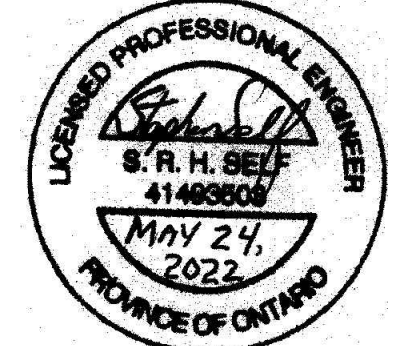
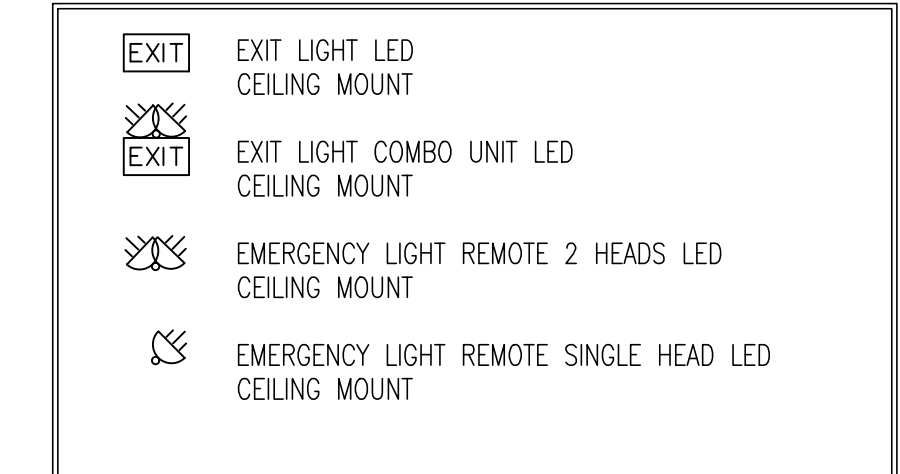
DOOR SCHEDULE									
NO.	LOCATION	TYPE	FINISH	FRAME	DIMENSIONS	HARDWARE	F.R.	REMARKS	BARRIER FREE
					WIDTH x LEN.				
D1	EX. STAIRWELL EXIT DOOR	STORE FRONT TYPE	ALUMINUM	ALUMINUM					NA
D2	EX. STAIRWELL EXIT DOOR	SOLID CORE HD. BD.	PAINT	KD	3-0x7-0				
D3	EX. STAIRWELL EXIT DOOR	SOLID CORE HD. BD.	PAINT	KD	3-0x7-0				
D4	EX. STAIRWELL EXIT DOOR	STORE FRONT TYPE	ALUMINUM	ALUMINUM					
D5	SUITE ENTRY DR	SOLID CORE HD. BD. TYPE 1	PAINT	KD	3-0x6-8	PASSAGE SET, DEAD BOLT, CLOSER, TRESHOLD, PEEP HOLE, HINGES	20min.		
D6	MECH. ROOM	SOLID CORE HD. BD. TYPE 1	PAINT	KD	3-0x6-8	LEVERED LOCK SET	20min.		
D7	LAUNDRY ROOM	SOLID CORE HD. BD. TYPE 1	PAINT	KD	3-0x6-8	LEVERED LOCK SET	NA	GRILLE 10"x14"	
D8	UTILITY CLOSET	EXISTING SOLID CORE HD. BD.	PAINT	KD	(2) 2-6x6-8		NA		
D9	BEDROOM DOOR	HOLLOW CORE HD. BD. TYPE 1	PAINT	KD	2-4x6-8	LEVERED PASSAGE SET, HINGES	NA		
D10	BATHROOM	HOLLOW CORE HD. BD. TYPE 1	PAINT	KD	2-4x6-8	PRIVACY SET, HINGES	NA		
D11	CLOSET	HOLLOW CORE HD. BD.	PAINT	WOOD	4-0x6-8	CLOSET HDWARE SLIDING	NA		
D12	CLOSET	HOLLOW CORE HD. BD.	PAINT	WOOD	3-0x6-8	CLOSET HDWARE BIFOLD	NA		
D13	ELECTRICAL CLOSET	SOLID CORE HD. BD. TYPE 1	PAINT	KD	(2) 2-6x6-8	SLID BOLTS, HINGES, LEVERED PASSAGE SET, DEAD BOLT	NA		
D14	KITCHEN	FRENCH DOORS TYPE 2	PAINT	KD	(2) 2-6x6-8	HINGES, LEVERED PASSAGE SET			



WALL TYPE LEGEND



LEGEND



No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
 DESIGN & CONSULTING
 30 NOLAN STREET,
 ST. THOMAS, ON. N5P 1X2
 226-582-0561
 barclay10@msn.com

SHEET
SECOND FLOOR PLAN

Project Name and Address
 406-408 TALBOT ST.
 ST. THOMAS, ON.

Project	2022008	Sheet	A2
Date	03/07/2022		
Scale	AS NOTED		

1 SECOND FLOOR PLAN
 A2 SCALE 1/4"=1'



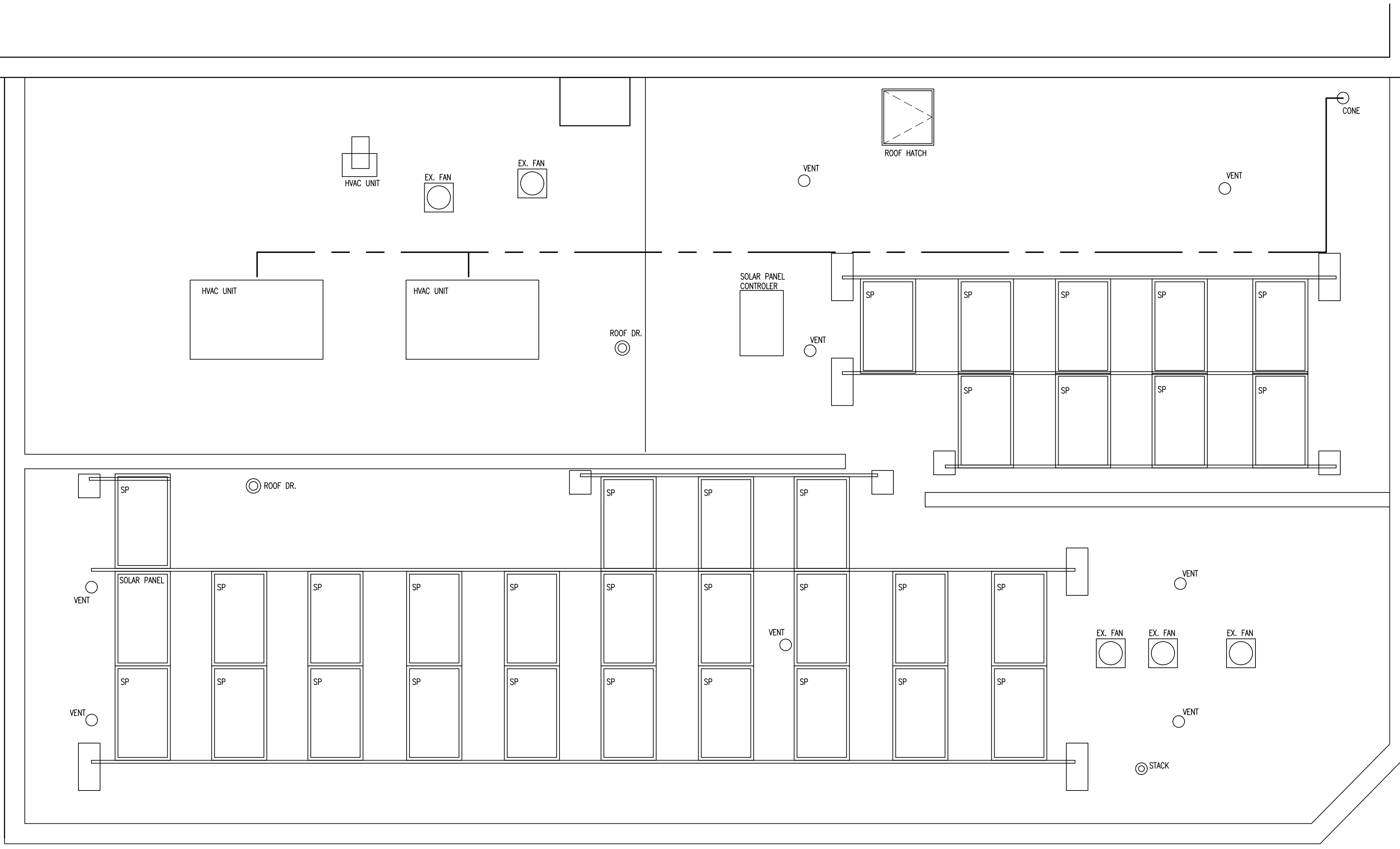
No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
 DESIGN & CONSULTING
 30 NOLAN STREET,
 ST. THOMAS, ON. N5P 1X2
 226-582-0561
 barclay10@msn.com

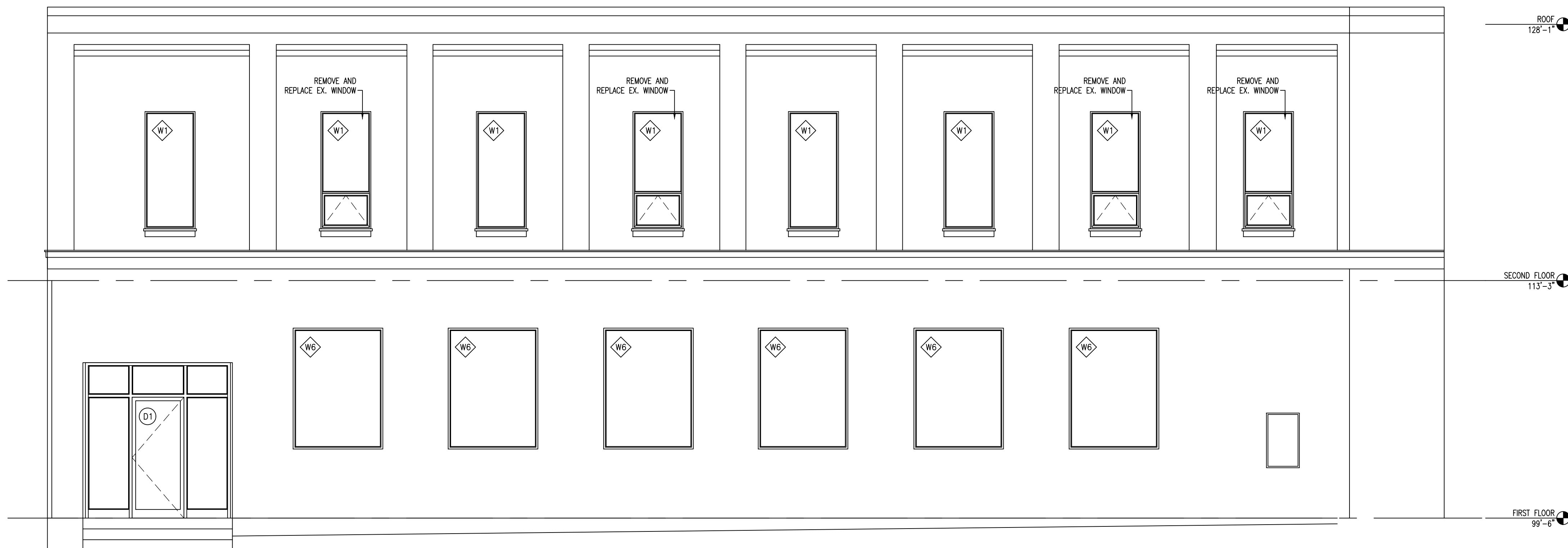
SHEET
ROOF PLAN

Project Name and Address
 406-408 TALBOT ST.
 ST. THOMAS, ON.

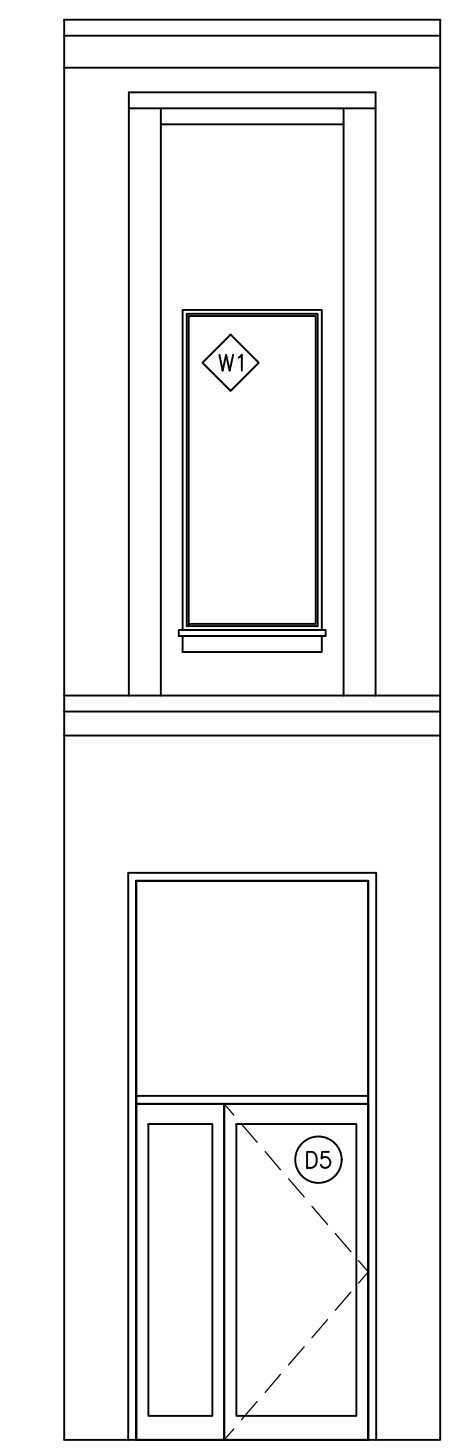
Project	2022008	Sheet	A3
Date	03/07/2022	Scale	
Scale	AS NOTED		



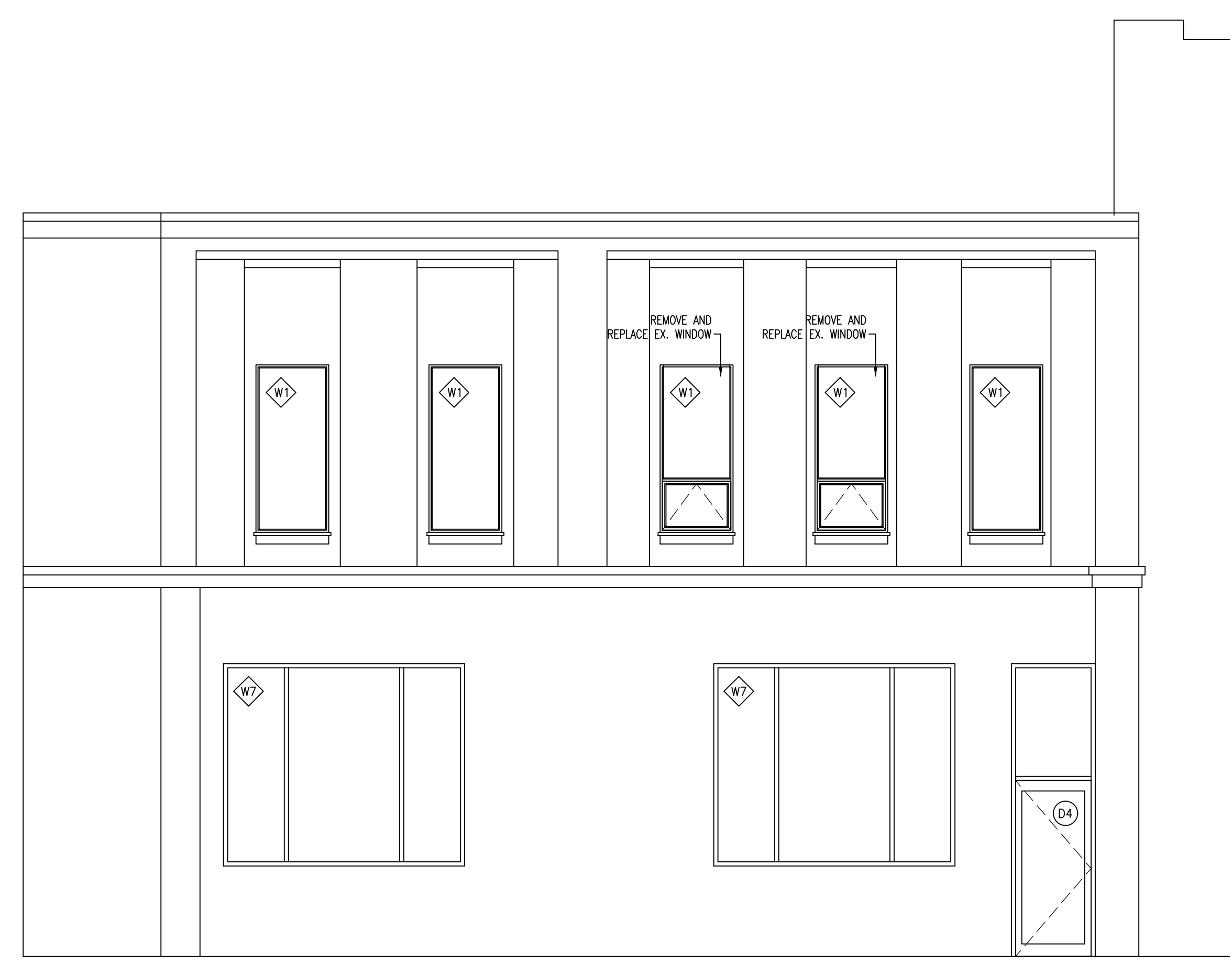
1 ROOF PLAN
 A3 SCALE 1/4"=1'



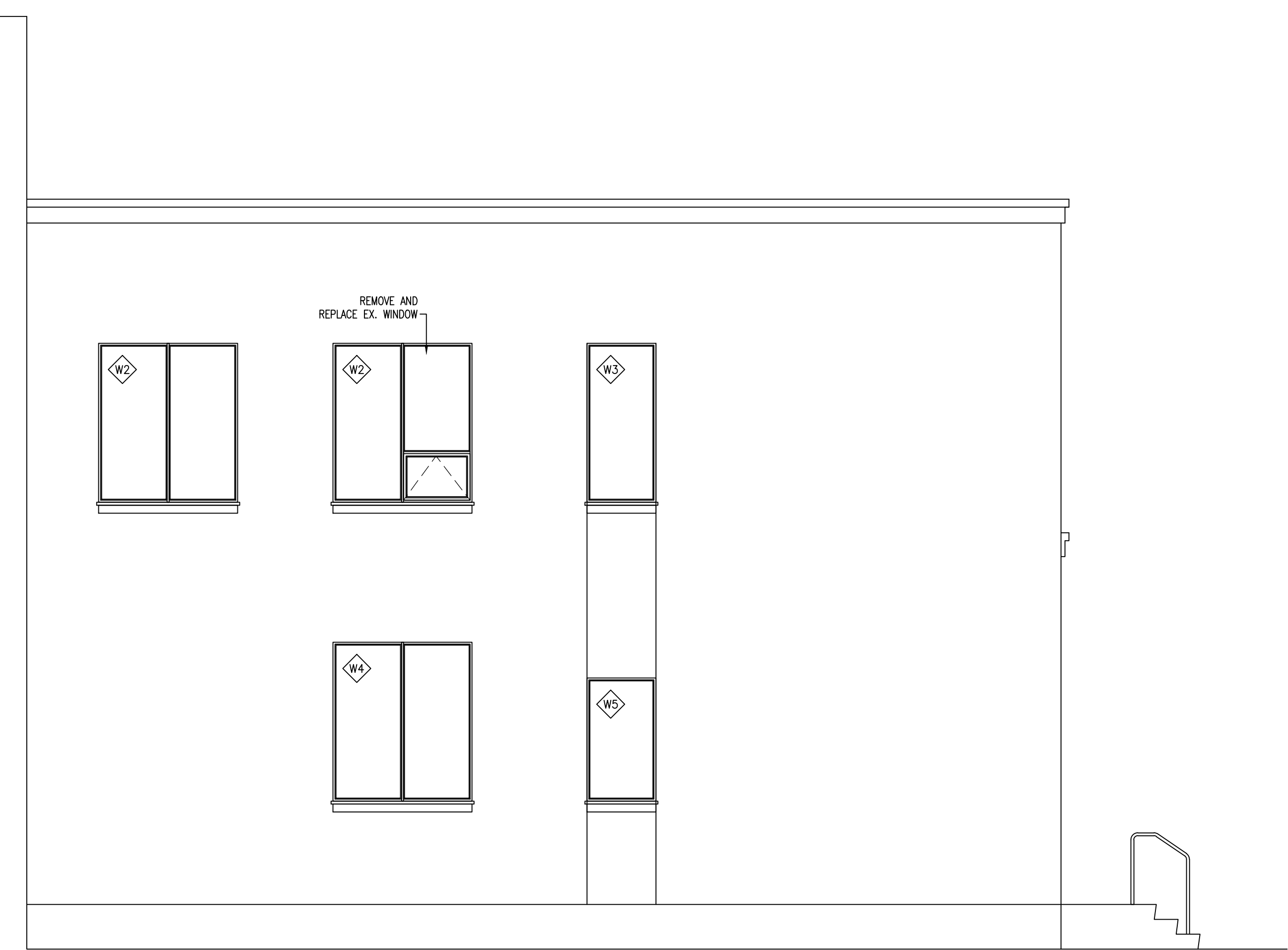
1 EAST ELEVATION
SCALE 1/4"=1'



2 NORTH/EAST ELEVATION
SCALE 1/4"=1'



3 NORTH ELEVATION
SCALE 1/4"=1'



3 NORTH ELEVATION
SCALE 1/4"=1'



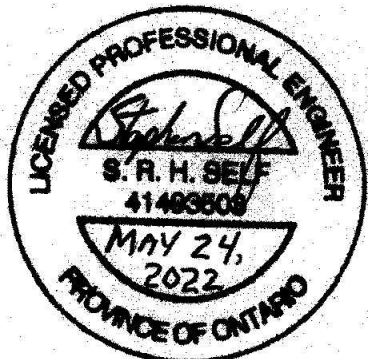
No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
DESIGN & CONSULTING
30 NOLAN STREET,
ST. THOMAS, ON. N5P 1X2
226-582-0561
barclay10@msn.com

SHEET
BUILDING ELEVATIONS

Project Name and Address
406-408 TALBOT ST.
ST. THOMAS, ON.

Project	2022008	Sheet	A4
Date	03/07/2022		
Scale	AS NOTED		



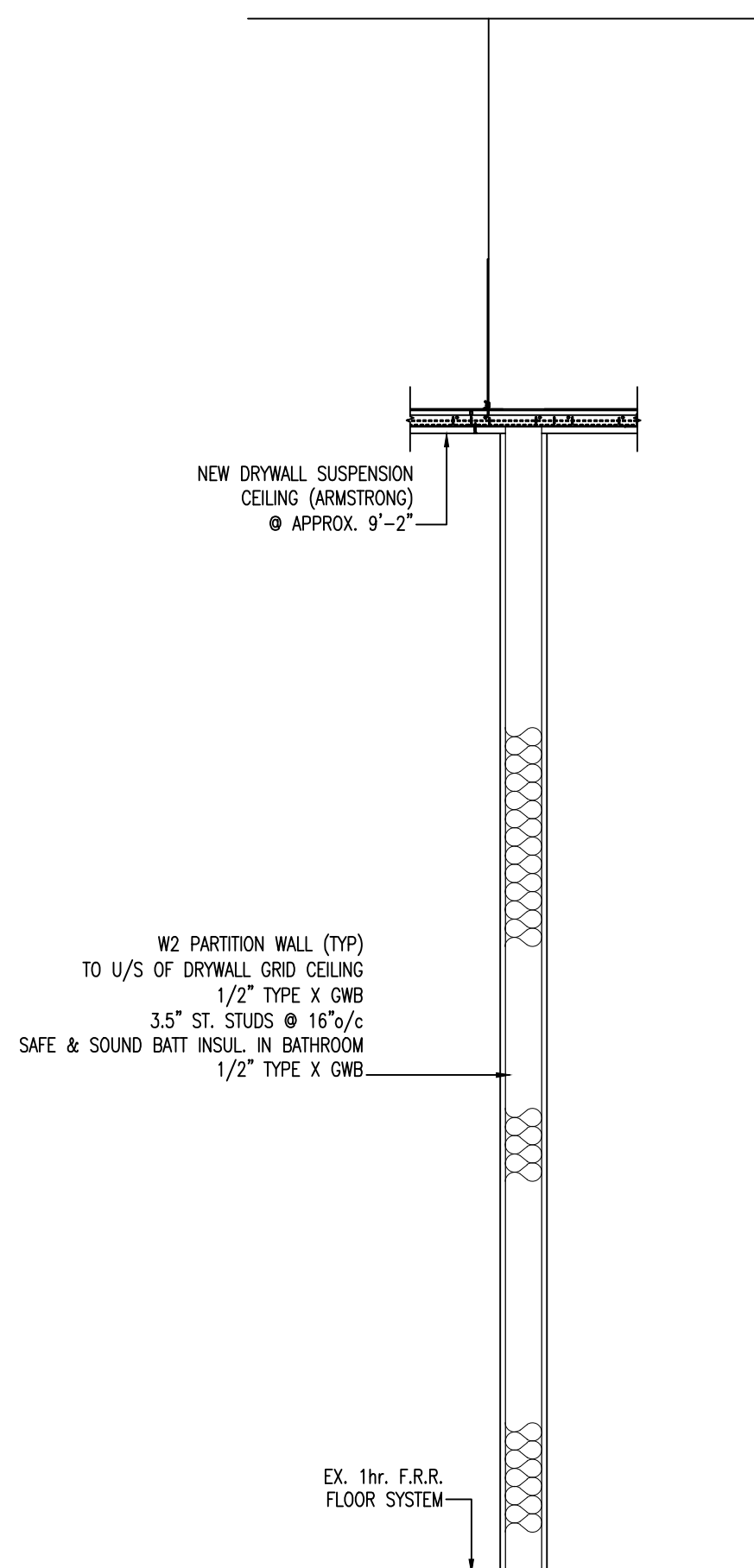
No.	Revision/Issue	Date

BARCLAY PROJECT MANAGEMENT
 DESIGN & CONSULTING
 30 NOLAN STREET,
 ST. THOMAS, ON. N5P 1X2
 226-582-0561
 barclay10@msn.com

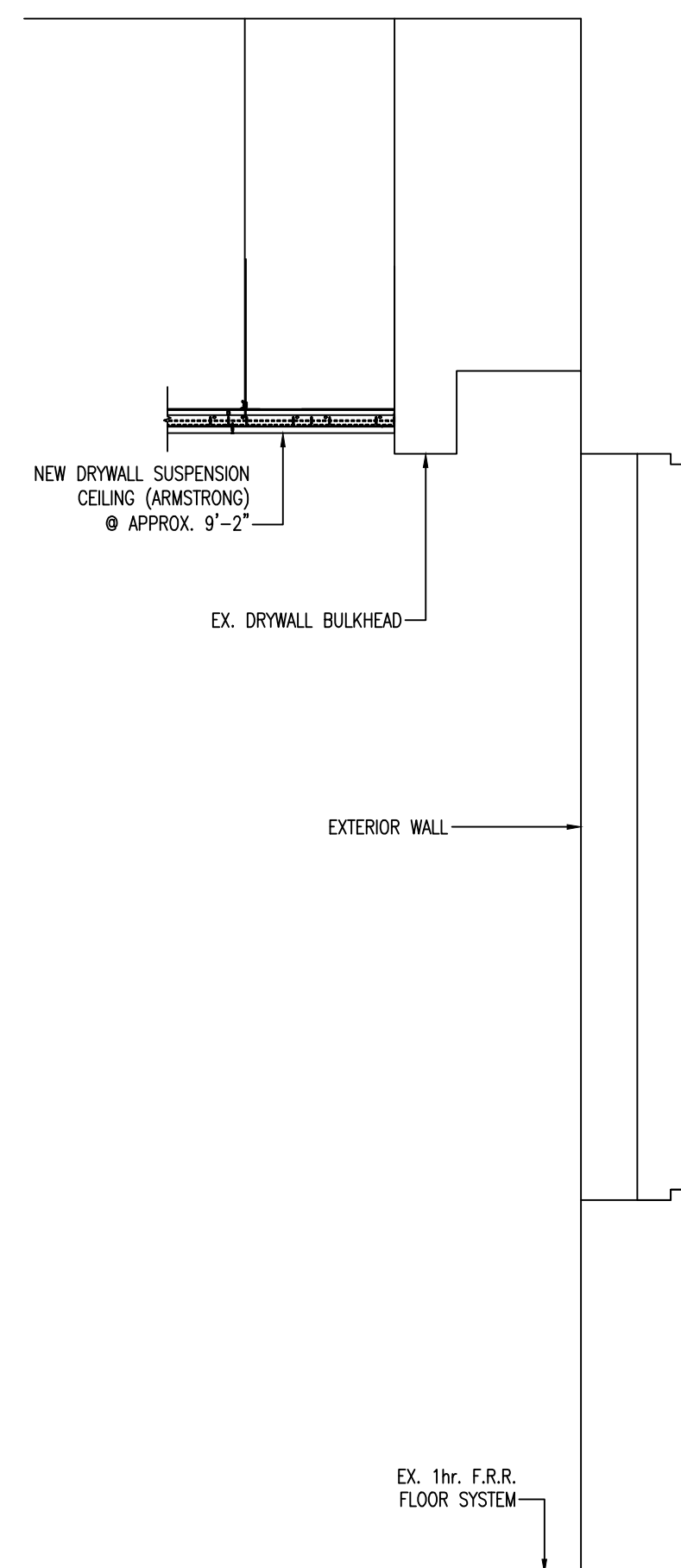
SHEET
 WALL SECTIONS
 DETAILS

Project Name and Address
 406-408 TALBOT ST.
 ST. THOMAS, ON.

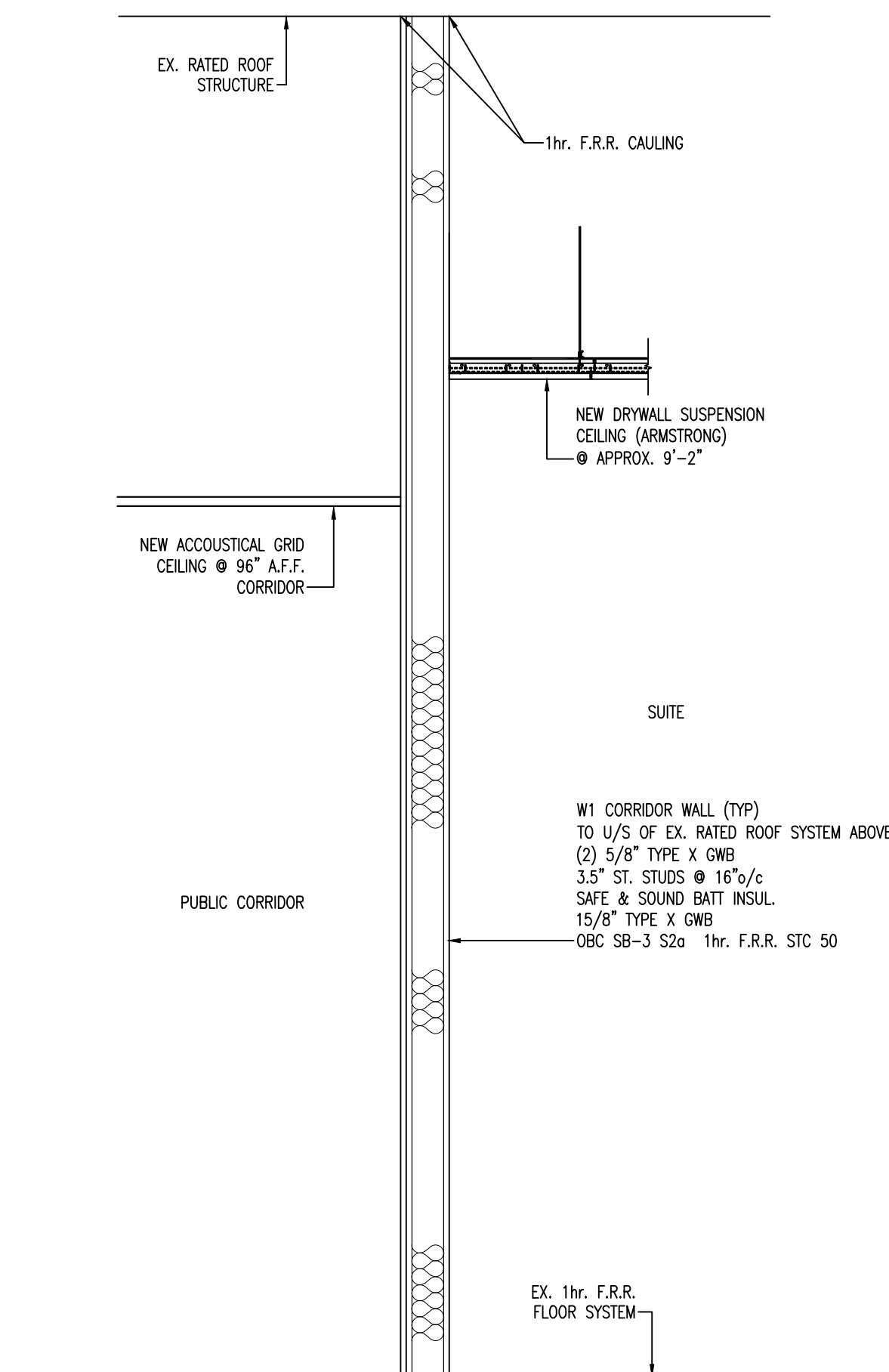
Project	2022008	Sheet	A5
Date	03/07/2022	Scale	
Scale	AS NOTED		



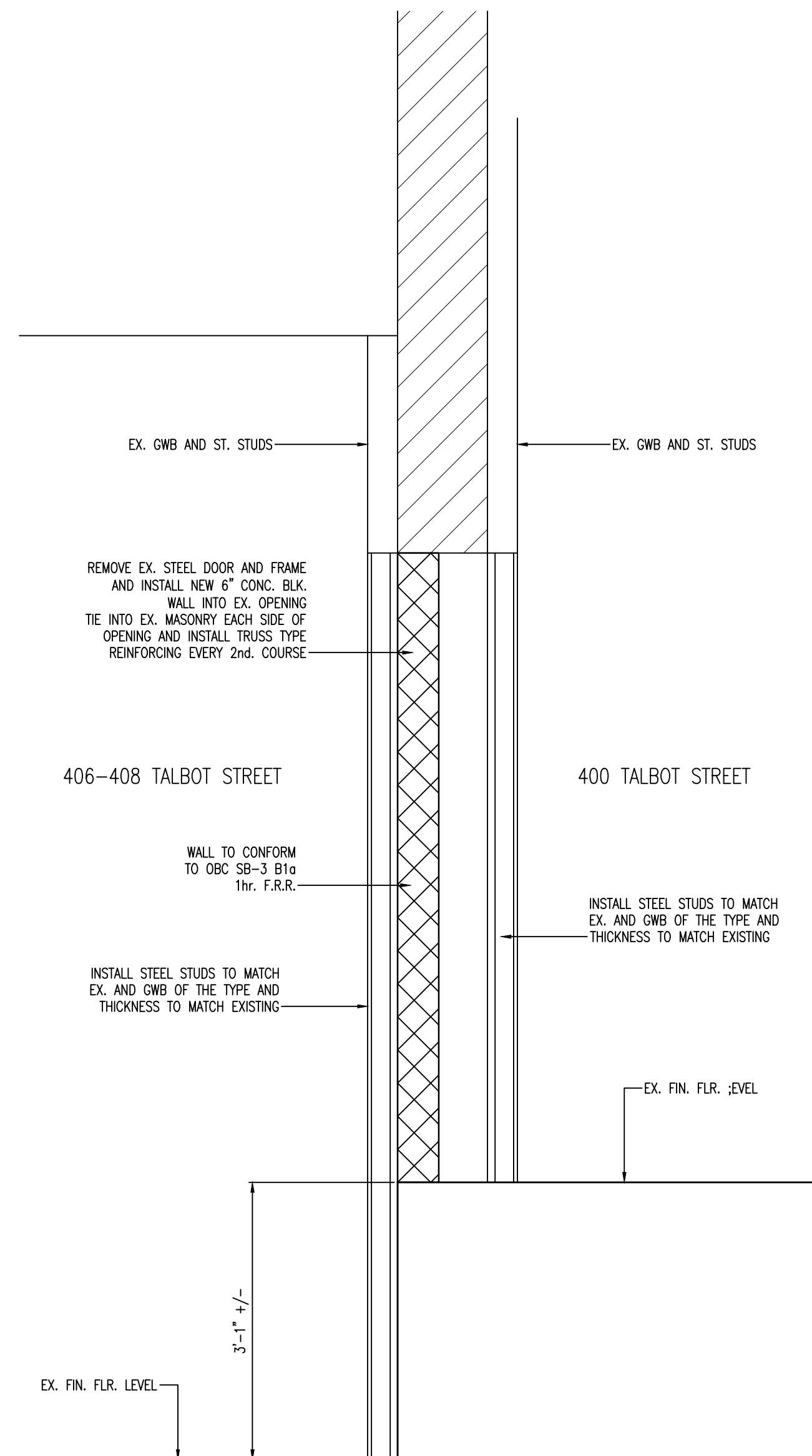
1 WALL SECTION
 AS SCALE 3/4"=1'



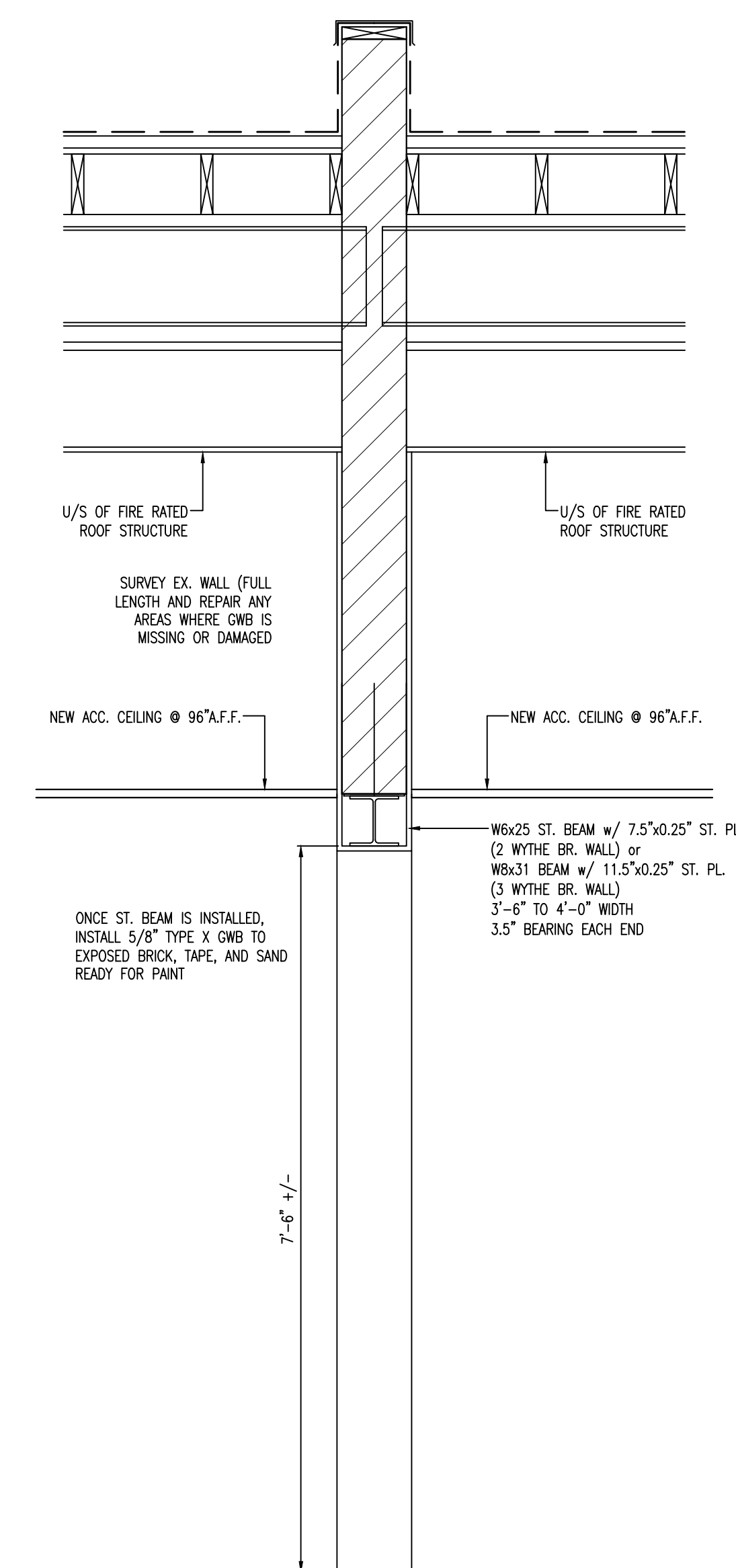
2 EX. BULKHEAD SECTION
 AS SCALE 3/4"=1'



3 WALL SECTION
 AS SCALE 3/4"=1'



4 WALL DETAIL
 AS SCALE 3/4"=1'



5 DETAIL
 AS SCALE 3/4"=1'

**FINANCIAL INCENTIVES PROGRAM
ST. THOMAS COMMUNITY IMPROVEMENT PLAN
APPLICATION FORM**

OFFICE USE: Date Application Received: _____ File Number: _____

INSTRUCTIONS

- If the space provided is insufficient to respond to the question, please provide additional information on a separate page, clearly marked as to the subject question, and attached to the application form.
- Please attach financial quotes, drawings or other required information as appropriate.
- We recommend that the applicant keep a copy of the application form for your own records.
- To ensure that the application is readable, please fill out online or print in ink.
- Please ensure that the application has been signed by the property owner or authorized agent and commissioned.

OWNER/APPLICANT

1. Property Owner

Name: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Email: _____

2. Agent/Applicant

Name: _____

Company: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

Email: _____

Who is the primary contact?

- Registered Owner Applicant/Agent

*Note: Unless otherwise requested all communications will be sent to the Applicant.

*Please indicate the method of communication you would like to be contacted by.

- Phone Email Fax Mail

SUBJECT PROPERTY

1. Municipal Address:

2. Legal Description:

3. Brief Description of Current Use:

4. Are property taxes for the subject property in arrears? Yes No

5. Are there any outstanding orders registered against the subject property? Yes No

6. Are there any outstanding violations under the Fire Code? Yes No

7. Have grants previously been received from the City for the subject property? Yes No

If yes, please describe, including total amounts of grants:

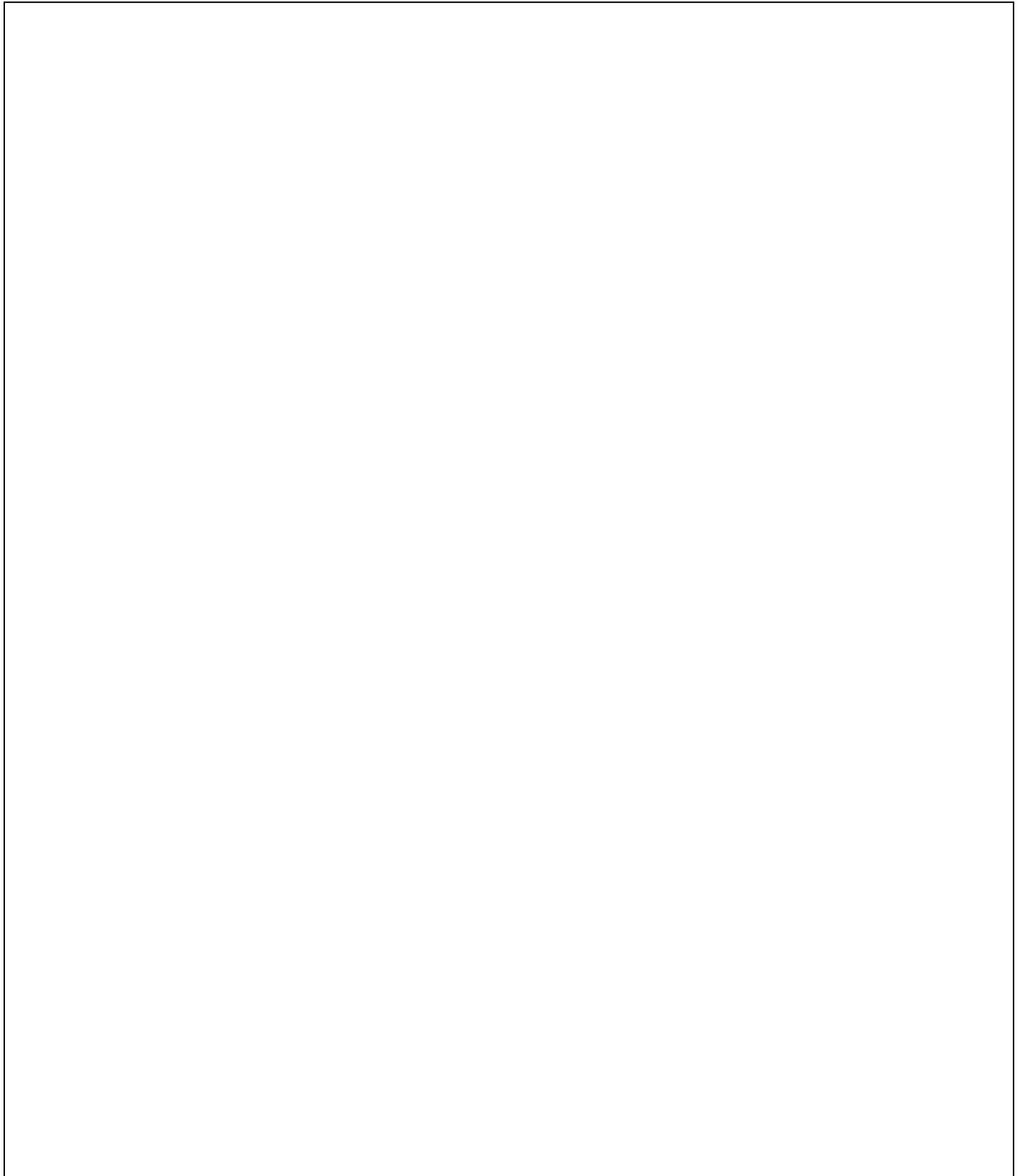
PROGRAM CHECKLIST

Please place a check next to the program(s) that you are applying for:

- Heritage Design Grant Program
- Heritage Façade and Building Improvement Program
- Residential Program
- Development Charge Grant Program
- Tax Increment Grant Program
- Parkland Dedication Grant Program
- Planning and Building Fees Grant Program
- Heritage Tax Relief Grant Program
- Environmental Site Assessment Grant Program

Please fill out the following sections with regards to the program(s) you are applying for. If additional space is required, please attach the information on a separate sheet.

DESCRIPTION OF PROPOSED RESIDENTIAL IMPROVEMENT PROJECT (IF APPLYING FOR RESIDENTIAL)

A large, empty rectangular box with a thin black border, intended for the applicant to describe their proposed residential improvement project. The box occupies most of the page below the section header.

GENERAL APPLICATION QUESTIONS

- 1. Is your property a designated heritage building? Yes No
- 2. Is your property listed by the local Municipal Heritage Committee as a building of historic or architectural value? Yes No
- 3. Is your property located within the Downtown St. Thomas Heritage Conservation District? Yes No
- 4. What is the current status of the building? Vacant
 Occupied
 Underutilized

If other, please explain: _____

- 5. Are you converting and/or rehabilitating this space? Yes No
- If yes: a) are you creating new residential units? Yes No
- b) are you rehabilitating vacant residential units? Yes No
- c) are you bringing occupied residential units up to code? Yes No

- 6. Are you intensifying and/or redeveloping this space? Yes No
- If yes: a) are you creating new residential units through the addition of new building space? Yes No
- b) are you demolishing existing building(s) to create a new building with new residential units? Yes No

How many residential units are being added?

- 7. Are you adding commercial space? Yes No

If yes, please provide the square footage

- 8. Please specify the financial incentives you are interested in if applying for the following programs:

a) Residential Program

- Grant Loan Both

b) Façade Improvement Program

- Grant Loan Both

9. If you are applying for the Façade Improvement Program, please specify what part of the building you are making improvements on? (Note: side and rear façade improvements are eligible only if the public view of the building is significant)

Front Façade

Side Façade

Rear Facade

10. Please specify what CIP area your property is located within.

11. Estimated total construction cost for the residential project:

12. Estimated total construction cost for the façade improvement:

13. Estimated total design and other profession costs:

(Note: You will be given estimates for funding on grants and loans based on the above estimates. The final calculations of grants and loans will be based on the building permit value for construction costs and actual receipts for design and professional costs.)

14. Have you made an application for a Building Permit Yes No
pertaining to the work being proposed?

AUTHORIZATION OF OWNER

If the applicant is not the owner of the subject lands, please complete the owner authorization concerning personal information as set out below.

I, _____, am the owner of the subject lands, and I authorize _____, to act on our behalf as the agent for the submissions required for all matters relating to the subject lands, and to provide any of my personal information that will be included in this application or collected during the planning process.

Date

Signature of Owner

AFFIDAVIT OR SWORN DECLARATION

I, _____ of _____ in the province of _____,
name of applicant City

make oath and say (or solemnly declare) that the information provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

Sworn (or declared) before me at the _____ on this _____ day of _____, 20_____.
City Day Month Year

Signature of Owner or Authorized Agent

Date

Signature of Commissioner of Oaths, etc.

Date

ESTIMATE

Two Rivers Restoration Ltd.
189 Huron Street
Guelph, Ontario N1E5L9
Canada

5194003633
www.tworiversrestoration.ca

BILL TO
1711664 Ontario Inc.
Harrison Cole
175 Edward Street
St. Thomas, Ontario N5P4A8
Canada

5198520941
hcole@colemunro.com

Estimate Number: 001034

Estimate Date: January 25, 2023

Expires On: February 22, 2023

Grand Total (CAD): \$27,865.80

Items	Quantity	Price	Amount
Access - Scaffolding Custom ring system scaffolding with hoarding and debris netting. Includes any additional site specific requirements.	1	\$8,500.00	\$8,500.00
Paint Removal Paint Removal and atmospheric cleaning. ****Price is Time + Materials**** Labour rate is \$230.00/hour Materials include all paint stripping mediums, required site prep, and rentals. Included here is a rough estimate.	1	\$10,575.00	\$10,575.00
Brick Replacement Cost per unit. Leicester Multi-Cream buff brick replacement. Includes all material and handling.	50	\$18.50	\$925.00
Repointing - Brick Cost per square foot.	235	\$16.00	\$3,760.00
Sill Replacement *Labour Cost Only* Cost of sill not included.	2	\$450.00	\$900.00

ESTIMATE

Two Rivers Restoration Ltd.
189 Huron Street
Guelph, Ontario N1E5L9
Canada

5194003633
www.tworiversrestoration.ca

Subtotal:	\$24,660.00
HST 13% (760801704RT0001):	\$3,205.80
<hr/>	
Total:	\$27,865.80
<hr/>	
Grand Total (CAD):	\$27,865.80

Notes / Terms

- The details and estimate provided are based on initial inspection and do not guarantee that no further work will be required.
- Client to provide clean and clear access to worksite, potable water, and electrical outlets.
- This estimate will form part of the contract documents in the event we are awarded this work.

A deposit of 25% (\$6,966.45) required to secure contract and schedule work.

Thank you for your inquiry.



1903 BUILDING

the Nook

A HANDMADE TALE

THE LOFT
HAIR REFINERY

