



Permit # _____

APPLICATION FOR A HERITAGE PERMIT

Town of Collingwood
55 Ste. Marie St., Suite 301
Collingwood, ON L9Y 3Z4
Phone: (705) 445-1030 ex. 3275 or 3243

Project Location: _____ Roll # _____

Heritage Act Designation: Part IV (site specific) _____ or Part V (Heritage District) _____

Permit relates to: Heritage Grant Program Tax Relief Program No Program
 Major Restoration & Redevelopment Program

Owner's Name: _____ Plan # _____ Lot # _____

Owner's Address (if different from project location): _____

Owner's Phone #: _____ E-mail: _____

Architect/Designer (if applicable): _____

Architect/Designer Contact Phone #: _____ E-mail: _____

Contractor (if applicable): _____

Contractor Contact – Phone #: _____ E-mail: _____

Expected Start Date: _____ **Expected Completion Date:** _____

Detailed Description of Work applied for: All changes to the heritage features of a property must be described in detail. Please be specific on location of work being done, for example: right hand corner of south wall, east wall – 1st or 2nd floor. Include manufacturer's information if available, include written description and pictures of materials, include photos of building work:

Heritage Paint Colour(s) (if applicable): _____

The applicant agrees that the proposed work shall be done in accordance with this application and understands that the issuance of the Heritage Permit under the Ontario Heritage Act shall not be a waiver of any of the provisions of any By-law of the Town of Collingwood, or the requirements of the Building Code Act, 1992, S.O. 1992, CHAPTER 23

Date: _____ Signature of Owner or Authorized Agent: _____

****NOTE: Depending on extent of work, a building permit may be required****

For Office Use Only

Date Received: _____

Planning Comments:

Building Comments:

Building Permit Required: Yes, see PRBD# _____

No

Heritage Approval by: _____ Date: _____

Issued by: _____ Date: _____