



HERITAGE TAX REFUND PROGRAM APPLICATION

Town of Collingwood

97 Hurontario St., P.O. Box 157, Collingwood, ON L9Y 3Z5
Phone: 705-445-1030 ex. 3243 or 3235 Fax: 705-445-4755
www.heritagecollingwood.ca

APPLICANT INFORMATION

Name of Property Owner (s): _____

Mailing Address: _____

Telephone: _____ Cell Phone: _____ E-mail: _____

PROPERTY INFORMATION FOR WHICH THE APPLICATION IS MADE

Property Location Address: _____

Tax Roll #: 4331 _____ Lot: _____ Plan: _____

Under which part of the *Ontario Heritage Act* is the property designated?

- Part IV, individually designated properties Part V, Heritage District and deemed as significant on Schedule "B" to By-law 2010-020

Have you previously received a Heritage Tax Refund for this property?

- Yes Years received: _____ No

Note: First year of application \$50.00 fee payable Received

Is the property the subject of a current assessment appeal?

- Yes No

REQUIRED ATTACHMENTS

Applications **must** include current photographs of the complete exterior of the building (north, south, east and west) with the date of the photograph on the back.

DISCLAIMER AND SIGNATURE

I/we certify that the information I have provided is true and complete to the best of my knowledge. I/we hereby apply to participate in the Town of Collingwood's Heritage Tax Refund Program, and give my/our consent for annual inspections to ensure compliance with the Program's eligibility criteria. I/we have read the Town of Collingwood Heritage Tax Refund Program Guidelines (Schedule "A" to By-law No. 2010-020) in its entirety and agree to the obligations and condition specified therein. I/we accept that the property taxes for the property are paid in full and that the property is not the subject of any Town by-law contraventions, work orders or other outstanding municipal requirements. I/we understand that false or misleading information in my application may result in penalty in accordance with the Town of Collingwood Heritage Tax Refund Program and/or other legislation pertaining to Heritage Tax Refund Programs.

Signature: _____ Date: _____

Signature: _____ Date: _____

Approved by:

Signature: _____ Date: _____

Town of Collingwood