

Application for

HERITAGE TAX RELIEF PROGRAM

The Corporation of the Town of Midland
Planning and Building Services
575 Dominion Avenue
Midland, Ontario L4R 1R2
Telephone: 705-526-4275



Date Received:	Date Approved/Refused:

Property Information

Property Address: _____
Assessment Roll Number: _____
Legal Description: _____

Applicant Information

Name of Registered Owner: _____
Mailing Address: _____

Telephone: _____ Cell: _____
Email: _____

Description of Completed Work for the Previous

Please identify any restoration and maintenance activities and costs associated with the property including invoices, receipts, etc.

Value of Work: _____

Required Information

Please provide current photographs of the building, including each elevation (north, south, east and west) or interior photographs if works was internal and the date the photograph was taken.

Photographs Provided: Yes No

Declarations

Is the property subject to any Town By-law contraventions, work orders, penalties, fees, arrears of taxes, fines or other outstanding municipal requirements as of the date of this application?

Yes No

Applicant’s Acknowledgement

The applicant hereby acknowledges:

- That this application and the attached supporting documentation, information and materials, if any, contains information collected and maintained specifically for the purpose of creating a record available to the general public and is open to inspection by any person during normal office pursuant to the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*;
- That submission of this application constitutes tacit consent for authorized Town staff representative(s) to inspect the subject lands or premises and to carry out any inspections, tests and investigations as may be required;
- That additional information and/or materials may be required and therefore, the application may not be deemed complete nor processed unless the additional information and/or materials is submitted.

Owners Authorization

I _____ of the _____ of
(your name, please print) (Town/Township/City)

in the County/District/Regional Municipality of _____

do solemnly declare that all of the statements contained in this Application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Declared before me at the

_____ of _____ in the County/District/Regional
(Town/Township/City)

Municipality of _____ this _____ day of _____.

Signature of Owner

Signature of Commissioner

Commissioner’s Stamp