TOWN OF LADYSMITH

REVITALIZATION TAX EXEMPTION PROGRAM APPLICATION

APPLICANT INFORMATION:			
Name:	Phone:		
Address:	Cell:		
Postal Code:	Fax:		
Email:			
OWNER INFORMATION:			
Name:	Phone:		
Address:	Cell:		
Postal Code:	Fax:		
Email:			
PROPERTY INFORMATION:			
Civic Address:			
Legal Description:			
CONSULTANT INFORMATION:			
Name of Architect:	Phone:		
Address:	Cell:		
Postal Code:	Fax:		
Name of Engineer:	Phone:		
Address:	Cell:		
Postal Code:	Fax:		
Name of Contractor:	Phone:		
Address:	Cell:		
Postal Code:	Fax:		

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PROJECT INFORMATION			
Present Use of Building:			
Project Timeframe:			
PROJECT COST:			
Estimated Total Constructi	on Cost:		
Estimated Seismic/Building Code/Sprinkler/Facade Upgrade Cost:			
APPLICATION REQUIREM	IENTS:		
Please attach the following	•		
Certificate of Title			
Cover letter outlining scope of work			
Scaled drawing(s) of proposed work (four sets).			
		••	completed by an architect, ject completion to verify estimate
-			pgrading costs if applicable. The Seismic Evaluation of Existing
Colour photographs of building exterior (where external building alterations proposed).			
Colour sketch (where external building alterations proposed).			
Material and colour samples (where external building alterations proposed).			
Application fee of \$250.00 to be paid upon approval in principle of the project (Bylaw # 1752).			
The Town of Ladysm the Revitalization Ta			applications not in keeping with
I, being the registere	d owner	or authorized agent	make this application.
(If applicant is not th before the application	_		from the owner is required
Signature of Applicant:			Date: