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:		

Page 1 of 2







PROJECT INFORMATION			
Present Use of Building:			
Project Timeframe:			
PROJECT COST:			
Estimated Total Construct	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).			
		emized (preference is to be co eipts will be required at proje	ompleted by an architect, ct completion to verify estimate
		ngineer certifying seismic upg NRC-CNRC Guidelines for Se	rading costs if applicable. The eismic Evaluation of Existing
Colour photographs	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			oplications not in keeping with
I, being the registere	d owner	or authorized agent	make this application.
(If applicant is not th before the application	•	ner, a letter of authorization fo sed).	rom the owner is required
Signature of Applicant:			Date: