



P.O. Box 70, 263 Main Street
Odessa, Ontario, K0H 2H0

**Heritage Tax Relief Program
Application for Heritage Tax Relief
Application No: _____**

To be completed by applicant and returned to the Loyalist Township Heritage Committee

Note: In order to be eligible for this program, properties must be designated under The Ontario Heritage Act, 1974.

1. Applicant

Name _____ Telephone (include area code) _____

Address _____

Postal Code _____

2. Property for which application is being made

Municipal property address: _____

Legal description of property: _____

Roll # for property: _____

3. Under which part of The Ontario Heritage Act, 1974 is the property designated?

Part IV (Individual) _____ Part V (District) _____

4. Have you applied for a Designated Property Grant for this property? (A property can only receive one of Tax Relief or Designated Property Grant in any calendar year)

Yes _____ No _____ (If "Yes", give date and amount) Date _____ Amount _____

5. Tax year for which the relief is being requested. _____

6. The Program requires that the property be covered either by an easement agreement under the Heritage Act between the property owner and the municipality or the Ontario Heritage Foundation or an agreement between the property owner and the municipality respecting the preservation and maintenance of the property. Is the property currently covered by any of these agreements?

Yes _____ No _____
(If "Yes", list type of agreement and details, if "No" are you prepared to enter an agreement?)

7. Are the property taxes paid up to date? Yes _____ No _____

8. Does the property have an assessment or tax appeal pending? Yes _____ No _____

9. Are there any property standards orders in force against the property? Yes _____ No _____

I certify that to the best of my knowledge the information provided in this application for Heritage Tax Relief is accurate and complete.

Applicant _____ Date _____

For Municipal Use Only

Municipality _____

Application received by _____

Date _____

To be completed by The Loyalist Township Heritage Committee

Date of referral to The Loyalist Township Heritage Committee _____

Project _____ Accepted (conditions) _____

_____ Not Accepted (reasons) _____

Loyalist Township Heritage Committee Chairperson _____

Date _____

Municipal Council Decision

Project _____ Accepted
(conditions) _____

_____ Not Accepted
(reasons) _____

Date _____
