

TAX INCENTIVE PROGRAM APPLICATION

Date:

| Name of Property Owner (a | as per tax roll) | | | |
|---------------------------|--------------------|------------------|-------------------------------|--|
| Contact Name: | | | | |
| Mailing Address: | City/Town/Village: | Province: | Postal Code: | |
| Telephone Number (Main): | | Telephone Number | Telephone Number (Alternate): | |
| Email Address: | | | | |

| Legal Description of Lands for Tax Exemption: | | |
|---|---|-----------------------------------|
| Details of the Proposed Development: | Estimated Assessed Value of the New Building/Improvement: | Number of Full-Time Employees: |

I/we, the undersigned, understand the conditions of eligibility and further terms set out in Bylaw #1322-21 (Tax Incentive Bylaw), and acknowledge I/we have authority to request taxation exemption on the above-mentioned property.

Full Name

Signature

Full Name

Signature

Office Use Only:

| Roll Number: | Development Permit #: | Development Permit Issue Date: | Development Completion Date: |
|----------------------|-----------------------|--------------------------------|------------------------------|
| Previous Assessment: | Current Assessment: | Approved By: | |