



Township of Lake of Bays
1012 Dwight Beach Rd.
DWIGHT ON P0A 1H0
(705)-635-2272
Fax (705)-635-2132

HERITAGE PROPERTY TAX RELIEF PROGRAM

for approval under the Township of Lake of Bays BY-LAW 07-165

Please review the Heritage Property Tax Relief Program Information and By-law 07-165 before submitting an application. Complete all applicable sections of the application form. An incomplete application will be returned to you.

PROPERTY INFORMATION						
Municipal Address:	Street No.:	Street Name:		Unit No.:		
Tax Roll Number:						
Taxation Year:						
OWNER INFORMATION						
PROPERTY OWNER INFORMATION: (check)			Person(s)		Company	
Registered Land Owner:	Surname:		First Name:		Initial:	
Name:	(If Company):		Company Officer:			
Application Contact:	Surname:		First Name:		Initial:	Position:
Address:	Street No.:	Street Name:		Unit No.:		
Municipality:	Province:		Postal Code:			
Telephone:	No. ()	Fax: ()		Email:		
Designation Under The Heritage Act						
Is the property designated?						
Part IV (individual) _____ By-law Number# _____						
Part V (district) _____ (Specify District)						
Not Designated _____						
Site Specific Designation Details						
Items identified as being "protected" in the <u>Reasons for Designation</u> in Bylaw, as stated above.						
1) _____						
2) _____						
3) _____						
4) _____						
5) _____						
6) _____						
Other: _____						
*Please include photographs						

HERITAGE PROPERTY TAX REDUCTION PROGRAM

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REQUIRED INFORMATION TO DETERMINE ELIGIBILITY

Heritage Easement Agreement with the Township of Lake of Bays

Is there a Heritage Easement Agreement on the subject property? YES _____ NO _____
If property requires to be designated or requires a Heritage Easement Agreement, please attach any available historical or architectural information.

NAME OF INSURANCE COMPANY _____

POLICY NUMBER _____

Submit a copy of the letter or certificate from your insurance company/agent/broker that states that the Owner has a valid insurance policy which insures the building against normal perils that are coverable by all risk property insurance in an amount equal to the replacement cost of a similar scaled new building with an exterior design complimentary to the existing structure.

Municipal Heritage Classification

Only properties classified as Group 1 (of major significance and importance, worthy of designation) or Group 2 (significant, worthy of preservation) using the document entitled "**Evaluating Heritage Resources in the Township of Lake of Bays**" will be eligible for the Program. Heritage Section staff will evaluate the subject property.

Photographs of Building or Features

Photographs Provided YES _____ NO _____

Date of Photographs _____

*Please provide a **current** photograph of each elevation of the building (north, south, east, and west). On the back of each photograph, provide the date the photograph was taken.*

Condition of Building

To be eligible, the property/building must be in good and habitable condition.

Is the building occupied and habitable? YES _____ NO _____

Is the building in good condition? YES _____ NO _____

Contraventions

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

YES _____ NO _____

If yes please identify the issue _____

Past Preservation Initiatives on Subject Property

Please list any and all known preservation initiatives (improvements) on the subject property over the last five (5) years.

1) _____

2) _____

3) _____

4) _____

Other: _____

***Please include photographs**

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APPLICANT'S SIGNATURE

I, hereby make the above application for the Heritage Property Tax Reduction Program, declaring all the information contained herein is true and correct, and acknowledge the Township of Lake of Bays will process the application based on the information provided. I also consent to allow the Township of Lake of Bays to conduct an inspection of the interior and exterior of the property at any reasonable time, if required, to ensure that the property is in compliance with the Heritage Easement Agreement and to assist in the review of the eligibility criteria.

Signature:	Title:
Printed Name of Signatory:	Date:

FOR OFFICE USE ONLY

Date Rec'd:		
Application Information Rec'd:	Yes	No
Application Rec'd By:		
Outstanding Requirements:	Insurance Certificate:	
	Photographs:	
Entered By:	Date:	
Application Number:		

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