



APPLICATION FOR A HERITAGE BUILDING PERMIT

Permit # _____

Town of Collingwood
P.O. Box 157, 97 Hurontario St.
Collingwood, ON
L9Y 3Z4
Phone: (705) 445-1030 ex. 3243

Project Location: _____ Roll # _____

Heritage Act Designation: Part IV (site specific) _____ or Part V (Heritage District) _____

Owner's Name: _____ Plan # _____ Lot # _____

Owner's Address (if different from project location): _____

Owner's Phone #: _____ Owner's Cell #: _____ Owner's e-mail: _____

Architect/Designer (if applicable): _____

Architect/Designer Contact – Phone #: _____ Cell #: _____ e-mail: _____

Contractor (if applicable): _____

Contractor Contact – Phone #: _____ Cell #: _____ e-mail: _____

Detailed Description of Work applied for: _____

Heritage Paint Colour(s) (if applicable): _____

Estimated construction value (if applicable): _____ Permit Fee (if applicable): _____

Date: _____ Signature of Owner or Authorized Agent: _____

For Office Use Only

Application taken by: _____ Date: _____

Comments: _____

Issued by: _____