



**Town of Collingwood**  
**Collingwood Heritage Advisory Committee**  
c/o Building Services Department  
97 Hurontario St., 2<sup>nd</sup> Floor  
Collingwood, ON  
L9Y 2L9  
Telephone: (705) 445-1030 ex. 3243 or 3235

**APPLICATION FOR HERITAGE GRANT**

To be completed and returned to the Building Department by **May 9, 2008**:

**Owner:**

NAME: \_\_\_\_\_

BUSINESS NAME (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE (Res.): \_\_\_\_\_

PHONE (Bus.): \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Subject Property:**

ADDRESS: \_\_\_\_\_

LOT: \_\_\_\_\_ PLAN: \_\_\_\_\_ ROLL # \_\_\_\_\_

PROVIDE A DESCRIPTION OF THE PROJECT PROPOSAL AND COST BREAKDOWN. Include details such as the materials to be used, sizes, mortar mixes, etc. Submit all drawings, photographs and/or other material necessary for a complete understanding of the property work (use additional sheets as required). Please include any available historic photographs.

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I certify that to best of my knowledge, the information provided in this application for moneys through the Heritage Grant is accurate and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date