



Town of Collingwood
Collingwood Heritage Advisory Committee
Building Services Department
55 Ste. Marie St., 3rd Floor
Collingwood, ON
L9Y 0W6
Telephone: (705) 445-1030 ex. 3243 or 3235

APPLICATION FOR HERITAGE GRANT

To be completed and returned to the Building Department by **December 15, 2010 for 2011 projects:**

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.

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