



The Corporation of the City of Stratford

**Heritage Conservation District
Rehabilitation Grant Application**

Location of Property: Street Address: _____

Legal Description: _____

Owner's Information: Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Estimated Pre-Rehabilitation Property Value: _____

Estimated Post-Rehabilitation Property Value: _____

Cost of Improvements: _____
(attach itemized estimates from 2 independent contractors)

Description of Eligible Improvements (attach necessary drawings)

Building Permit No. (attach copy of building permit application): _____

Heritage Permit No. (attach copy of heritage permit application): _____

Type of Grant Being Applied for: Type A _____ Type B _____

(Type A grants apply to buildings built before 1976, Type B grants apply to buildings built after 1976)

Have you applied for funds under this or any other municipal program before? If yes, please indicate program and amount:

Amount

I/WE HEREBY apply for a grant commitment under this program. I/WE AGREE to abide by the conditions of the Heritage Conservation District Restoration and Rehabilitation Grant Program. I/WE HEREBY CERTIFY that the information given above is true, correct and complete in every respect and may be verified by the Municipality.

I,

Name
have the authority to bind the Corporation

Title

Signature

Date