



Hamilton

Planning and Economic Development Department
Commercial Districts and Small Business Section
71 Main Street West, 7th Floor
Hamilton, Ontario L8P 4Y5
Phone: (905) 546-2424 Ext. 2755
Fax: (905) 546-2693

\$105.00 Administration Fee to Accompany Application

HAMILTON HERITAGE CONSERVATION GRANT PROGRAM

APPLICANT INFORMATION

Name of Applicant:		
Contact Name:		
Mailing Address:		
City & Postal Code:		
Telephone Number:		Fax Number:
Cell Phone Number:		
Email:		
Is applicant the owner of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If "No", please complete the "Owner Information" section.</i>	
If Corporation or Partnership please provide name(s) or registered shareholders/partners and percentages of ownership		

OWNER INFORMATION

Name of Owner:		
Contact Name:		
Mailing Address:		
City & Postal Code:		
Telephone Number:		Fax Number:
Cell Phone Number:		
Email:		
If Corporation or Partnership please provide name(s) of registered shareholders/partners and percentages of ownership		

**SIGNATURE OF OWNER/AUTHORIZED AGENT
AFFIDAVIT OR SWORN DECLARATION
DATE OF APPLICATION SUBMISSION**

I, _____, solemnly declare that the information contained in this application is true, and that the information contained in the documents that accompany this application is true. I also give permission to the City of Hamilton to utilize photographs of the project/property in the City of Hamilton's promotional material.

Applicant's Signature

Date

Authorization:

If the applicant is not the owner of the land that is the subject of this application, written authorization of the Owner that the applicant is authorized to make the application must be included with this application.

CONSENT OF THE

Complete the consent of the owner concerning personal information set out below.

**CONSENT OF THE OWNER TO THE USE AND
DISCLOSURE OF PERSONAL INFORMATION**

I, _____, am the owner of the land that is the subject of this application and for the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Ontario Heritage Act and/or the Planning Act for the purposes of processing this application.

Name of Owner (please print)

Signature of Owner

Date

Owner's Contact Information:	
Mailing Address:	
City:	
Postal Code:	
Telephone (Home):	Telephone (Business):
Cell Phone:	Fax:
Email Address:	

The personal information on this form is collected under the legal authority of the Ontario Heritage Act, Section 39.1 and/or the Planning Act, Section 28. The personal information will be used for determining your eligibility for a grant. If you have any questions about the collection, please contact the Co-ordinator of Urban Renewal Incentives, Commercial Districts and Small Business Section, City of Hamilton Planning and Economic Development Department, 71 Main Street West, 7th Floor, Hamilton, Ontario L8P 4Y5, 905-546-2101.