

# HERITAGE PROPERTY TAX RELIEF PROGRAM APPLICATION

Township of Muskoka Lakes - Planning Department  
1 Bailey Street, P.O. Box 129  
Port Carling, Ontario P0B 1J0  
Tel: 705-765-3156 Fax: 705-765-6755



Please complete all applicable fields.

## 1. Property Information

Street # and Street Name		Tax Roll #	
Lot(s)	Concession(s)	Registered Plan(s)	Part(s)

## 2. Owner Information

Name (Surname, First Name or Company/Organization)		
Principle Contact and Position (if different from above)		
Mailing Address		
Telephone	Fax	E-mail

## 3. Designation Information

Ontario Heritage Act designation	Part IV <input type="checkbox"/>	or	Part V <input type="checkbox"/>	By-law #
Protected characteristics (attach photographs):				
1) _____	6) _____			
2) _____	7) _____			
3) _____	8) _____			
4) _____	9) _____			
5) _____	10) _____			

## 4. Acknowledgement

The applicant hereby acknowledges that this application and attached supporting documents, if any, contains information collected and maintained specifically for the purpose of creating a record available to the general public and is open to inspection by any person pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act. The submission of this application constitutes consent for authorized Township staff representatives to inspect the subject lands or premises as may be required.

## 5. Authorization

I, \_\_\_\_\_, of the \_\_\_\_\_,  
(Applicant) (City/Town/Township)

in the \_\_\_\_\_,  
(Region/County/District)

make oath and state that the information contained in this application and accompanying documents is true.

(Signature)

Sworn before me at the \_\_\_\_\_, in the \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Commissioner for Taking Oaths)