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For Office Use Only			
File #:	_____	Designated Heritage Resource?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PID #:	_____	Located in the 500 Lot Area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Zone:	_____	Budget Year:	_____
		Received:	_____

HERITAGE GRANT APPLICATION

1. CONTACT INFORMATION

Name: _____ Address: _____
APPLICANT Phone: _____ Cell: _____
Email: _____ Postal Code: _____

2. PROJECT INFORMATION

Property Owner(s): _____
Project Location/Address: _____
Project Information: *(Provide a description of work proposed and degree of finish expected.)*

3. APPLICATION REQUIREMENTS

- Enclose all drawings, current photographs and/or other materials necessary for a complete understanding of the proposed work.
- Include any available historical photographs
- Cost details (Provide a minimum of two (2) estimates)

4. COST DETAILS

	Contractor 1:	Contractor 2:	Contractor 3:
Name of Contractor:			
Estimated Value of Work (\$):			

Total estimated project cost: _____ Amount of Grant Applied For: _____
List other sources and amounts of funding requested for the project:

Approximate Date of Project Commencement: _____ Proposed Completion Date: _____

5. DECLARATION & SIGNATURE

I/we the undersigned, as property owner(s), make application for a grant in the amount of \$ _____ to be used for approved work at _____.

If the Heritage Grant Application is approved, it is my responsibility to ensure that the approved work described in this application is followed.

When the project has been completed, I commit to submit all invoices/paid receipts from my contractor(s) indicating all payments are made in full in order for the grant to be paid.

I understand that an inspector may be visiting this property to verify that the work will be completed.

SIGNATURE OF
APPLICANT:

DATE:

FOR OFFICE USE ONLY:

1. APPLICATION VALIDATION

Development Permit No: _____

Documents Complete: _____

Eligible for Grant? YES NO Date Reviewed: _____

Do not fill-out below portion if application is not eligible for grant

Date Approved: _____

Approved Contractor: _____ Grant approved: _____

Comments/Notes: _____

2. GRANT PAYMENT INFORMATION

Invoices indicating payment in full for work that has been completed for the property are provided.

Date Invoices Received: _____

Name of Contractor: _____

Total Amount Paid: _____ Total Payment Requested: _____
(Grant Maximum: \$5,000)

3. PAYMENT PROCESSING

Grant Amount Approved: _____

Approved by: _____ Date Approved: _____

Requisition No: _____

Purchase Order: _____

Receipt No: _____

Signature 1: _____

Signature 2: _____

Distribution No: _____

Processed by: _____

Date Processed: _____

THIS IS AN APPLICATION ONLY

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See Reverse for Additional Information