



Revitalization Tax Exemption Program

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A. General Information and Instructions

- 1. If an agent is acting for the property owner, please ensure that the required authorization is completed and signed by the owner as provided in Section C.
- 2. If you find insufficient space on this form to respond to questions, please provide additional information on a separate page and attach to your completed application form. It is suggested that any additional or required information be contained within an application covering letter.
- 3. Please include all documents that would support your application.
- 4. Please ensure that the application form is complete and that all required signatures have been supplied.
- 5. Submit completed application in an envelope clearly marked, or as attachment(s) via email with the subject line, "Revitalization Tax Exemption Application". You may deliver your application in person, send it by mail or email to:

Township of Esquimalt 1229 Esquimalt Road Esquimalt, BC V9A 3P1

Attention: Ian Irvine, Director of Financial Services

Fax: 250-414-7141

Email: ian.irvine@esquimalt.ca

Personal Information Collection Notice:

Any personal information provided in this application is collected for the purpose of administering the <u>Local Government Act</u>, and the bylaws of the municipality under the <u>Local Government Act</u>, and under the authority of those enactments. Questions about the collection of the information may be directed to the Head of Freedom of Information Officer, 1229 Esquimalt Road, Esquimalt, BC V9A 3P, 250-414-7135.



Name of Owner



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PLEASE PRINT	Application No	(Office Use Only)
B. Owner Information		
Name of Registered Property Owner		
Mailing Address of Property Owner		
Phone:	Fax:	
Email:		
C. Agent Authorization ar	nd Information (if applica	able)
If the property owner is authorizing an a complete and sign this section. If an age agent. If no agent is authorized, all corre	ent is authorized, all correspondence	will be sent to the authorized
	am the owner of the la	nd that is subject of this
application, and I hereby authorize my a to make this application and to act on m		
Dated at the, this	of	/ear
City/Town or	ay Worth 1	eai

Signature of Owner



Current assessment value



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Agent Information (if applicable)

Name of Agent		
Mailing Address of Agent		
Phone: Fax: Email:		
D. Property Information Civic Address of Property for which this Application is being submitted		
Assessment Roll Number Parcel ID (PID)		
Legal Description of Property Lot(s)		
Block Section Range Plan		
Is the property on Esquimalt's Heritage Register?	Yes □	No 🗆
Are there any active permits on this property?	Yes 🗆	No 🗆
Are there any outstanding non-compliance issues in respect to bylaw(s) on this property	y? Yes □	No 🗆





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☐ New Construction	Alteration	☐ Improvement/Renovation
Provide a description of the p Include space (m²) to be con	proposed development to take plastructed/altered/renovated, and	lace on the property described in Section D types of improvements to be constructed.

F. Certificate of Project Value (attachment)

☐ Enclosed with this application is a certificate from a contractor or design professional certifying that the project's value will exceed \$10,000.





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G. Sworn Declaration

I/WE HEREBY AGREE to abide by the terms and conditions of the Revitalization Tax Exemption Bylaw.

I/WE HEREBY CERTIFY that the information contained in this application is true, correct and complete in every respect and may be verified by the Township by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/WE HEREBY AGREE that if any statements or information in this application or submitted in support of this application are untrue, misleading or there is a material omission, the application may be rejected or not approved, or the exemption may be delayed, reduced, cancelled or repayment of any exemption may be required.

I/WE HEREBY AGREE that the tax exemption may be delayed, reduced, cancelled or repayment of the exemption may be required if the eligible works are not completed or not completed as approved.

I/WE HEREBY AGREE that all exemptions will be calculated and awarded in the sole discretion of the Township. Notwithstanding any representation by or on behalf of the Township, or any statement contained in the program, no right to any tax exemption arises until it has been duly authorized, subject to the applicant meeting the terms and conditions of the programs and the tax exemption agreement. The Township is not responsible for any costs incurred by the Owner/Applicant in any way relating to the program, including, without limitation, costs incurred in anticipation of an exemption.

Dated at the		, this	of _		- ,			
	City/Town of		Day	Month		Year		
Name of Own	er or Authorized Ag	gent		Signat	ure of Owr	ner or Auth	norized Agent	