



PLEASE PRINT

PER - 3108

Department of Planning, Engineering and Regulatory Services

Heritage Financial Incentives Program

Property Location

SECTION 1

Civic Address _____

Name of Property (if applicable) _____

Applicant Name _____ Phone (Daytime) _____

Mailing Address _____ Email _____

Property Owner (If Different Than Applicant)

SECTION 2

Name of Property Owner _____ Phone (Daytime) _____

Mailing Address _____

Email _____

Work Details

SECTION 3

Describe the proposed work and associated costs in maintaining property in a Heritage Building/Area (use extra pages if necessary).

Estimated Cost of Work (excluding HST) \$ _____

Type of Grant Requested _____

Quotes (2 required)

SECTION 4

1. Name _____ Phone (h) _____ Estimate _____

Mailing Address _____

2. Name _____ Phone (h) _____ Estimate _____

Mailing Address _____

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your above application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

I hereby request that the permit fees be waived: Yes No

Applicant Signature _____ Date (yyyy-mm-dd) _____

Property Owner Signature _____ Date (yyyy-mm-dd) _____

Please mail completed form to:	Access St. John's 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2	Email: service@stjohns.ca Fax: 709-576-7688 Call: 311 or 709-754-2489
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