



CITY OF TRAIL

APPLICATION FOR REVITALIZATION TAX EXEMPTION (CLASS 6 PROPERTIES)

Date of Application: _____

Applicant's Name: _____

Property Civic Address: _____

Legal Description of Property:

Lot _____ Block _____ DL _____ Plan _____ Roll No.: _____

Mailing Address (if different from Property Address): _____

Postal Code: _____

Phone Number: _____ E-mail: _____

Construction Value: _____

Current Assessed Value: Land _____ Buildings _____

Description of Proposed Revitalization: _____

I hereby certify:

- a) I am the owner of the property identified in this application;
- b) I intend to develop, construct, alter or renovate the property as described above, and have received all necessary authorizations for construction;
- c) I acknowledge that the granting of a Revitalization Tax Exemption Certificate is subject to all conditions and requirements of the Revitalization Tax Exemption Bylaw No. 2870, including but not limited to execution of a Revitalization Tax Exemption Agreement.

Signature of Applicant

Please submit application with applicable fee of \$50 to the City of Trail, 1394 Pine Avenue, Trail, BC