

**APPLICATION FOR A HERITAGE RESTORATION GRANT
ARCHITECTURAL CONSERVANCY OF ONTARIO – PORT HOPE BRANCH**

1. APPLICANT

Name

Address

Telephone

Email

President or Chief Executive Officer if Organization
Name

Address

Telephone

Email

2. BUILDING FOR WHICH FUNDING IS REQUESTED

Name

Address

PROPERTY OWNERSHIP

Owned by Applicant:

Give a general description of the property's setting: neighbouring land uses, age and condition of neighbouring properties

IS PROPERTY DESIGNATED? YES NO

DESIGNATION APPLIED FOR AND PENDING YES NO

DESIGNATION BYLAW # _____

DATE DESIGNATED _____

3. OUTLINE THE HISTORY OF THE PROPERTY INCLUDING THE DATE OF BUILDING CONSTRUCTION AND ARCHITECT IF KNOWN (include any documentary sources if available)

4. ENCLOSE PHOTOGRAPHS OF THE PROJECT BUILDING'S EXTERIOR, SHOWING EACH ELEVATION AND SETTING.

5. ENCLOSE COPIES OF HISTORIC PHOTOGRAPHS OF THE PROPERTY, IF AVAILABLE

6. DETAILS OF THE PROJECT

Indicate type and extent of work to be undertaken:

Proposed Date of Project Commencement _____

Proposed Date of Project Completion _____

Estimated Project Construction Costs _____

Please enclose a copy of the Estimated Quote

I certify that to the best of my knowledge, the information provided in this proposal for an ACO Port Hope Grant is accurate and complete. Further, I understand that work may not begin until this application is approved. I also understand that funds will only be advanced upon satisfactory project completion, inspection by an ACO representative and presentation of paid invoices. I understand and accept that ACO Port Hope will limit the amount of its grant to funds approved and agreed as a result of this application, and will bear no responsibility for any additional costs that may be incurred during the course of the project.

SIGNATURE OF APPLICANT _____