



Box 600
 Crowsnest Pass,
 Alberta T0K 0E0
 Phone: 403-562-8833
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Office Use Only

Application No.:

Roll Number:

Date Received:

Council Meeting Date:

Targeted Secondary Suite Incentive Policy Application Form

Applicant

Owner of Land

Interest of applicant if not owner:

Same as applicant

Name:

Name:

Civic Address of applicant:

Civic Address of applicant:

Community:

Community:

Postal Box & Code:

Postal Box & Code:

Phone:

Phone:

Alt. Phone:

Alt. Phone:

Email:

Email:

Property Description

Lot(s):

Block:

Plan:

Civic Address:

Development Details

Description of Development

Acknowledgement

I hereby acknowledge that:

- 1) The said new multi-family development is located within the boundaries of the Municipality of Crowsnest Pass
- 2) The project is a development with a construction value only, at or exceeding \$25,000 (Twenty-five Thousand Canadian Dollars). Land value Assessment is not included as part of the development assessment
- 3) The project complies with all development and safety code permits
- 4) The project has not already commenced
- 5) The property is not in arrears in taxes, utilities or other municipal charges
- 6) A property may be eligible for municipal property tax calculation equal to the Increased Assessment Value resulting from development
- 7) The maximum municipal tax cancellation benefit shall not exceed the total amount of the increase in municipal taxes due to the work claimed under this policy
- 8) The municipal tax cancellation for an eligible property will commence on the first full year after the project has been approved for occupancy and shall cease at the end of the incentive period

I hereby declare that the property described above meets the eligibility criteria for tax cancellation stipulated in the Municipality of Crowsnest Pass' Targeted Secondary Suite Incentive Policy.

 Signature of Property Owner

 Print Name

<i>Office Use Only</i>	
Development Office Review	
Development Permit Number:	
Issue Date:	
Project Complete:	
Conditions met:	
Security Refunded:	
Comments:	
Safety Codes Review	
Building Permit Number:	
Permit Stated Project Value:	
Permit Closed Date:	
Comments:	
Tax Assessment Review	
Assessment Value Prior to Improvement:	
Assessment Value Following Completion:	
Assessment Portion Applicable to Policy:	
Comments:	
Finance Authorization	
Council Approval Motion:	
Comments:	

The personal information provided in this application is collected under Sections 303 and 295 of the Municipal Government Act and in accordance with Section 33 (c) of the Freedom of Information and Protection of Privacy Act. The information is required and will be used for determining eligibility for the Targeted New Development/Re-Development Incentive Policy and property assessment purposes. The name of the permit holder and the nature of the permit are available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality's FOIP Coordinator at 403-562-8833.