

Box 600 Crowsnest Pass, Alberta TOK 0E0 Phone: 403-562-8833 Fax: 403-563-5474

*Office Use Only*		
Application No.:		
Roll Number:		
Date Received:		
Council Meeting Date:		

## **Targeted Multi-Family Development Incentive Policy Application Form**

	Applicant				Owner of Land
Interest of appli	cant if not owner:			Same as applica	int 🗆
Name:				Name:	
Civic Address of applicant:				Civic Address of applicant:	
Community:				Community:	
Postal Box &				Postal Box &	
Code:				Code:	
Phone:				Phone:	
Alt. Phone:				Alt. Phone:	
Email:				Email:	
Property Descrip	ption				
Lot(s):	Block:	F	Plan:		
Civic Address:					
Development D	etails				
Description of					
Development					
Acknowledgeme	ent				

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 \$100,000 (One Hundred 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 decla	are that the propert	y described abo	ve meets the eligibilit	ty criteria fo	r tax cancellation	
stipulated in t	the Municipality of	Crowsnest Pass'	Targeted Multi-Famil	ly Developm	ent Incentive Polic	ÿ.

Signature of Property Owner	Print Name

Office Use Only		
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.