

APPLICATION FOR FRONTAGE OR AREA CHARGE PAYMENT UNDER SECTION 3(1)(b) OF THE PAYMENTS IN LIEU OF TAXES ACT, 2000 (PILT)

| 1. Municipality/Taxing Auth | Province/Territory | | | Tax Year For which Application | |
|---|---|--------------------------------------|-------------------------------|--------------------------------|---|
| 2. Assessment Roll number Name of Property | | roperty or Cust | odian | Street A | Is made ddress or Legal Description |
| 3. Nature of Frontage or Arc | ea Project Wor | k | | | Project Completion Date (yyyy/mm/dd) |
| 4. Dimensions of Property - | Indicate feet o | or metres | l | | |
| Frontage Flankage Total Are | | | | | • |
| | | | | | N N |
| Dimension used for this Application. If different from above, explain. | | | | | |
| ii unierent iroin above, expiam. | | | | | |
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| | | | | | |
| | | | | | |
| 5. Determination of Frontag Total cost of Project | e or Area Levy Total Rate | on All Abutting | g Proper | | nual rate including interest |
| \$ per unit of \$ dimension | | | per unit of \$ dimension | | |
| differsion | | | | uiii | HEISIOH |
| Interest rate on borrowed funds % | | | Annual le | evy begins 20 | |
| | | amounts paid coverable - \$ | | | Total PILT amount claimed \$ |
| CBC property fr | | rom other sources | | | |
| apportioned to \$ paid | | nnual amounts ecoverable - \$ | | | Annual PILT amount claimed \$ |
| CBC property from other sources | | | | | |
| 6. Does your municipality wish to b if there is an unreasonable delay in n | | | ment (LPS | S) under the pr | rovisions of the Payments in Lieu of Taxes Act, 2000 |
| Yes, only if amount exceeds \$25.00 | | r any amount \square | | No \square | |
| If Yes, provide your By-law togeth tax accounts, including rate of inte Please enter the date on which inte | er with a descripti rest and compoun | on of your munici ding frequency. | | | arging a penalty on overdue taxable real propert |
| details of the frontage or area these charges. | ax and relevant s | | l in any o ts. I also | | attached is true and correctly sets forth the t no other billing has been made in respect to |
| Signature of Authorized Officer Date | | | | | |
| RETURN ADDRESS (PLEASE PRINT OR TYPE) | | | | DO NOT | WRITE IN THE BOX BELOW |
| | | | | | |
| Name and Title of Authorized Off | icer | | | | |
| | | | Ap | proved An | nount \$ |
| Address | City | City | | | |
| | | | Sig | nature | |
| Postal Code Telephone No. | | Dat | e | | |
| Fax No. | E-mail | | | | |
| | | | _ | | |
| SEND ONE COMPLETED COL | | | | | |
| APPLICATION AND <u>ALL RELEVANT</u> BYLAWS AND/OR | | | BY E-MAIL AT PILT.PERI@CBC.CA | | |
| ENGINEER'S REPORTS TO: | | | OR | | |
| | | | 1 | | |

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