

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 Autho	Province/Terr	Province/Territory		Tax Year For which Application Is made			
2. Assessment Roll number Name of Property or Cust			todian Street Address or Legal Description				
3. Nature of Frontage or Area	Project	t Work			Project Completion Date (yyyy/mm/dd)		
4. Dimensions of Property - Indicate feet or metres			T				
Frontage Flankage Total Area			Location sketch				
Dimension used for this Application. If different from above, explain.							
5. Determination of Frontage	or Area	Levy on All Abutting	Propert	y			
Total cost of Project \$ per unit of \$ dimension			-	p	Annual rate including interest per unit of \$ dimension		
Interest rate on borrowed funds		%	Annual levy beg				
Total Amount apportioned to \$ CBC property		Less amounts paid or recoverable - \$ from other sources			Total PILT amount claimed \$		
Annual Amount apportioned to \$ CBC property	Less annual amounts paid/recoverable - \$ from other sources			Annual PILT amount claimed \$			
6. Does your municipality wish to be considered for a Late Payment Supplement (LPS) under the provisions of the <i>Payments in Lieu of Taxes Act</i> , 2000 if there is an unreasonable delay in making the payment in lieu of taxes?							
Yes, only if amount exceeds \$25.00 Yes, for any amount No If Yes, provide your By-law together with a description of your municipality's practice for charging a penalty on overdue taxable real property tax accounts, including rate of interest and compounding frequency. Please enter the date on which interest on overdue accounts starts to accrue on taxable property owners?							
			l in any do		attached is true and correctly sets forth the at 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 Officer							
Address City			App	roved A	mount \$		
Postal Code Telephone No.							
Fax No.	E-ma	nil					

SEND ONE COMPLETED COPY OF THIS APPLICATION AND <u>ALL RELEVANT</u> <u>BYLAWS</u> AND/OR <u>ENGINEER'S REPORTS</u> TO:



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