

# City of Melfort

## Application To Access Residential Growth Incentive Policy

Any person or business that wishes to access the Residential Growth Incentive Policy is required to complete the following Application.

Once the application is received by the Community Development Manager or the Department of Community Services, should the scope of the project fall within the framework of the policy, then a recommendation to approve the application will be made and appropriate agreements can be made.

**\*\*\*PLEASE PRINT\*\*\***

\_\_\_\_\_  
Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Lot(s) location and description \_\_\_\_\_  
\_\_\_\_\_

Type of program choice A) Rebate \_\_\_\_\_

B) Tax incentive: \_\_\_\_\_

Description of Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Declaration of Applicant

I, \_\_\_\_\_ of the \_\_\_\_\_

(Name of Applicant . Please Print)

(Municipality)

in the Province of Saskatchewan, solemnly declare that all the above statements contained within the Application are true, and I make this solemn declaration conscientiously believing it to be true, knowing that it is the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**For Office Use Only**

Date Application Received: \_\_\_\_\_

Attachments included

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:  Comments: \_\_\_\_\_

Rejected or  Reasons specified: \_\_\_\_\_  
Delayed:

\_\_\_\_\_  
\_\_\_\_\_

Copied to  Comments: \_\_\_\_\_  
Finance:

Date Application Finalized: \_\_\_\_\_

*Notification will be forwarded on the status of his/her application.*