308 Stirling Highway PO Box 54 CLAREMONT WA 6910 Ph: 9285 4300 www.claremont.wa.gov.au

toc@claremont.wa.gov.au

## MIKE BALFE HERITAGE MAINTENANCE GRANT APPLICATION FORM



PROPERTY DETAILS				
Address:		Postcode:		
OWNER DETAILS				
Name:				
Address:		Postcode:		
Phone:	Email:			
Contact person for correspondence:				
As the landowner or their authorised represe true and correct.	ntative, to the best of m	ny knowledge information deta	ailed in this report is	
Signature:		Date:		
PROJECT DESCRIPTION				
Total project cost (inc GST)		\$		
Grant amount requested		\$		
Applicant's contribution		\$		
Any other income for project sought or re	ceived*	\$		
*Details and supporting documentation must	be included with this for	rm		

PROJECT BUDGET  Detail all expected costs of your project. Note that further information may be requested.			
	\$		
	\$		
	\$		
	\$		
Continue on separate sheet if necessary	1		

EXPECTED PROJECT COMMENCEMENT AND COMPLETION DATES					
Start:	End:				
The Heritage Grant Funding Agreement requires the con	mpletion of the project no later than 12 months after the				

The Heritage Grant Funding Agreement requires the completion of the project no later than 12 months after the approval date.

CHECKLIST	
The property is a rateable heritage listed dwelling located within the Town of Claremont	
Applicant makes a financial contribution at least equal to the grant funding amount	
Applicant has no outstanding debts to the Town	
Grant funding is not for reimbursement of works already underway or completed	
Application Form completed	
Two quotes from qualified professionals for each component of project provided	
Photographs in support of application provided, where relevant	
Copies of any relevant approvals and permits	

## **Send completed Application Form to**

Heritage Officer Planning and Development Town of Claremont PO Box 54 CLAREMONT WA 6910

## **More information**

(08) 9285 4300 toc@claremont.wa.gov.au