Municipality of the District of Lunenburg

10 Allee Champlain Drive, Cookville, NS B4V 9E4

Phone: 902-541-1325 Email: building@modl.ca

Application for Unsightly Premises Clean-up Financial Assistance

Property Owner(s) Name(s): _____

Mailing Address: _____

_____

Phone Number: _____

Email: _____

Civic Address of Unsightly Property: _____

Community: _____

PID : _____ AAN: _____

Description of Item(s) to be removed from the property: _____

_____

_____

_____

What is your plan for clean-up? (Include such details as your timeline, what resources you will be providing, how you plan to accomplish the clean-up): _____

_____

_____

_____

_____

_____

_____

_____

As a condition of Approval, the owner(s) may be required to, where applicable: Initials

Agree to supply whatever labour and machinery may be required to gather up the waste on the property.	
Agree to meet with the Community Recycling Centre's Outreach & Communications department to discuss waste separation, construction and demolition disposal and the collectible waste programs.	
Agree to have the waste gathered up within specified time period as set out by the Municipality.	
Agree not to allow waste to accumulate again upon the premises so that it becomes unsightly.	
Agree to provide a written estimate to the Municipality of the District of Lunenburg for the required work to remedy the unsightly condition.	

The following are the owners and their spouses (including common law spouses) living on the property:_____

_____

_____

I/We have included documents for proof of income for all persons living in the household who contribute to household expenses. A copy of the previous year's Notice of Assessment from Canada Revenue Agency for each household member is required to be attached to this application. Please note, Income Tax Returns/T4 slips will not be accepted. Failure to supply household members' Notice of Assessment will make the application ineligible.

I consent to the Municipality of the District of Lunenburg carrying out such inquiries as it deems necessary in order to assess my claim. I agree that the Municipality of the District of Lunenburg has my authorization and consent to obtain information from any third-party source whatsoever. I will execute any necessary documentation required in order to disclose information to the Municipality of the District of Lunenburg.

I understand that Municipal Council will determine the actual amount of Financial Assistance.

AND I make this certification in good faith, believe it to be true and know that it has the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

_____ _____

Date Signature