



Forward your application to:

Town Of Cochrane
Property Tax Department
171 4th Street, P.O. Box 491
Cochrane, Ontario
P0L 1C0

Application Deadline: The application filing deadline for each taxation year is the last day of February of the following year.

Application NO.- Municipal Use Only

Taxation Year

(for which application is being made)

Roll Number: _____ / _____ / _____ / _____ / _____

Property Address: _____

- 1. Is the vacant space due to a seasonal business? Yes No
- 2. Is the vacant space a part of eligible rental space, such as storage units? Yes No
- 3. Is the vacant space a reflection of a portion of vacant land? Yes No

Application Period: Full Year (January to December) Interim (January to June) Partial Year (July to December)

Please note: Number of applications is limited to two per property per year

Name & Address of Property Owner			Name & Address of Property Owner's Agent: (if applicable)		
Last Name/Company Name	First Name		Last Name/Company Name	First Name	
Address			Address		
City	Prov	Postal Code	City	Prov	Postal Code
Tel: #			Tel: #		

Eligibility Criteria:

To be eligible for a rebate, a building or a portion of a building must satisfy the conditions described in category 1, 2 or 3 below.

(Please check the applicable boxes)

Category 1 - Commercial and industrial buildings that are entirely vacant:

- The entire building was unused for at least 90 consecutive days

Category 2 - Commercial buildings that are partially vacant:

- The portion of the building was unused for at least 90 consecutive days; **and**
- The portion of the building was clearly delineated or physically separated from the used portions of the building; **and**
- was either:
 - capable of being leased for immediate occupation; **or**
 - undergoing or in need of repairs, renovations, or construction that prevented it from being available for lease for immediate occupation; **or**
 - unfit for occupation

Category 3 - Industrial buildings that are partially vacant:

- The portion of the building was unused for at least 90 consecutive days; **and**
- The portion of the building was clearly delineated or physically separated from the used portions of the building

Verification Documents:

Applications must be supported by evidence that sets out the vacancy period and the square footage of the vacant area for the subject property. The following documents may be submitted as proof, provided that they show both the vacancy period as well as the square footage:

- A copy of an expired lease and current lease;
- or
- A copy of the property's rent roll;
- or
- A copy of a real estate agents' listing agreement and a copy of subsequent lease; or a copy of the newspaper/internet advertisement.

If the above documentation is not available, an applicant may contact the Bulding Deparment and request an inspection for the confirmation that the vacancy period and the square footage of the vacant area of the subject property are eligible for the Vancant Unit Rebate
Telephone: 705-272-4262

PLEASE SEE PAGE 2 ▶



Roll Number: _____ / _____ / _____ / _____ / _____ / _____

Vacancy Information Please use **Schedule A** if you require more space. **Schedule A** is available at Town Hall and on the Town of Cochrane website (www.cochraneontario.com) or by calling 705-272-4361 Ext. 226.

Industrial <input type="checkbox"/>	Commercial <input type="checkbox"/>	Vacant Unit/Suite Number	Location (floor or other applicable location indicator)	Vacant Area (square feet)	Vacancy Period						FOR MPAC USE ONLY ASSESSMENT		
					Date From			Date To					
						DD	MM	YY	DD	MM	YY		
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									
<input type="checkbox"/>	<input type="checkbox"/>			Sq. Ft.									

I certify that the information in this form and any attachments, including **Schedule A** if applicable, is true and correct.

Applicant's Name (PLEASE PRINT) _____ Applicant's Signature _____ Date _____

I, _____ Name of Property Owner have authorized _____ Name of Agent

to make this application on my behalf and authorize the Town of Cochrane to deal with the agent as if he/she were the property owner.

Property Owner Signature _____ Date _____

The personal information on this form is collected under the authority of the Municipal Act, 2001, s.364 OReg325/01. The information will be used to determine eligibility for a property tax rebate for property owners of vacant commercial and industrial units. Questions about this collection can be directed to the Property Taxes Department located at 171 4th Street, Cochrane, Ontario, P0L 1C0 or by telephone 705-272-4361 Ext. 226.

Pursuant to Subsection 364 of the Municipal Act 2001, any person who knowingly makes a false or deceptive statement in an or in another document submitted to a Municipality under section 364 of the Municipal Act 2001 is guilty of an offense and liable, on conviction to a fine, of not more than an amount that is twice the amount of the rebate obtained or sought to be obtained by the false or deceptive statement except that the fine shall not be less than \$500.00 (Section 364 (19))

MPAC USE ONLY		
Assessor's Comments:		
Assessor's Name	Assessor's Signature	Date

MUNICIPAL OFFICE USE ONLY		
Amount of Rebate: \$	Employee Initials:	Date Processed:
		Date received from MPAC: