



61 Broun Avenue, Morley WA 6062 | P: 9272 0622 | F: 9272 0665 | mail@bayswater.wa.gov.au | www.bayswater.wa.gov.au

APPLICATION FOR HERITAGE FUNDING PRIVATE RESIDENCE

HERITAGE PROPERTY DETAILS*

A well-detailed and supported application will assist the City of Bayswater with the determination of the suitability and eligibility of your request. Please attach additional pages if required.

| Address: | | | | Postcode: |
|---|-------------------------------|-------------------|------|-------------------------------|
| Heritage Listing Category*: | Local Heritage Place Number*: | | | |
| Refer to the Local Heritage Survey 2020 | | | | |
| APPLICANT DETAILS | | | | |
| Name: | | | | |
| Postal Address: | | | | Post Code: |
| Telephone Number: | | Email Address: | | |
| I /we, the undersigned, being the applicant(s) no assistance under the City of Bayswater Heritage Full property specified above. As the landowner or their authorised representative | nd, to carr | y out works des | crib | ed in this application on the |
| this application is true and correct. | , to the be | St Of HITY KHOWIE | uge | , the information detailed in |
| Applicant' Signature(s): | | | Dat | e: |
| | | | | |
| OWNER DETAILS (If different from applicant) | | | | |
| Name: | | | | |
| Postal Address: | | | | Post Code: |
| Telephone Number: | Email Address: | | | |
| Owner's Signature(s): | | | Dat | e: |
| | | | | |



| PROJECT DESCRIPTION |
|---|
| Please provide a detailed description of works to be undertaken: (Attach further documents if required) |
| Total project cost (inc GST): \$ |

| QUOTES RECEIVED/REQUESTED* | |
|----------------------------|------------------|
| 1. Vendor Name: | Quote Amount: \$ |
| 2. Vendor Name: | Quote Amount: \$ |
| 3. Vendor Name: | Quote Amount: \$ |

| Name of preferred quotation provider(s)**: |
|--|
| |
| Grant amount requested: \$ |
| Applicants contribution: \$ |
| Any other income for project sought or received*** |

^{*} If 3 quotations have not been provided, justification must be included with the application.

^{**} If preferred provider quote(s) is/are not the lowest provided, justification must be included with the application.

^{***} Details and supporting documentation must be included with this form.

| CHECKLIST | |
|--|--|
| The property is a rateable heritage listed dwelling located within the City of Bayswater. | |
| Applicant is making a financial contribution that is at least equal to the grant funding amount requested. | |
| Applicant has no outstanding debts to the City of Bayswater. | |
| Grant funding is not for reimbursement of works already underway or completed. | |
| Three quotes from qualified professionals are provided for each component of the project. (Preferred provider identified and justification given if not the lowest quote) | |
| Photographs in support of application provided, where relevant. | |
| Copies of any relevant approvals and permits are provided, if required. | |
| A detailed project description including photographs, plans and timelines is provided. | |
| Conservation Plan prepared for the building attached, if relevant. | |
| The subject property has not received any funding from the City's Local Heritage Fund in the previous five years. (Calculation is based on the financial year in which the application was paid.) | |

Send completed application form to:

Strategic Planning and Place City of Bayswater PO Box 467 Morley WA 6943

Morley WA 6943 Or via email to: mail@bayswater.wa.gov.au

For more information please call the Strategic Planning and Place department on 08 9272 0622.