

Application Form CBD HERITAGE GRANTS

395 Fitzgerald Street PO Box 613 NORTHAM WA 6401 **P: (08)** 9622 6100 **F: (08)** 9622 1910

E: records@northam.wa.gov.au
W: www.northam.wa.gov.au

Property Details			
Address			
Certificate of Title			
Owner's Details			
Name			
Address			
Contact No.			
Email			
Applicant's Details (if different from Owner)			
Name			
Address			
Contact No.			
Email			
Business Details			
Business Name			
Current Use			
ABN No.			
GST Registration	□ Yes	□ No	
Bank Account Details			
Account Name			
Account No.			
BSB No.			



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Details of Proposal			
Description of Works			
Cost of Works	\$		
Details of Quotes (to be attached to application)	1.		
	2.		
Preferred Quote & Reason			
Application Authority – Consent to submit application			
Owner's Signature			
Date			
Applicant's Signature			
Date			
Certification of Works			
By signing below, I certify that the works as specified in this application for assistance dated for the above property have been completed in full.			
Receipts and paid invoices attached.		□ Yes	
Applicant's Signature			
Date			
Owner's Signature			
Date			