

## **2025 HOUSE GRANTS PROGRAM** APPLICATION FORM

- Applicants must contact the VHF to verify eligibility of their project a minimum of one week prior to the application
- Please ensure that contractors agree to follow the VHF requirements before asking them to provide a quote

| The completed application form and all supporting                                | 1 9  | · ·                            |  |
|--|--|--------------------------------|--|
|  | DESIGNATED PROPERTY  |                                |  |
| Address:   |  | Postal Code:                   |  |
|  | OWNER(S)   |                                |  |
| Name 1:  | Name 2:  | me 2:                          |  |
| Address:   | City/Prov:   | Postal Code:                   |  |
| Phone(s):  | E-mail:  |                                |  |
| I/we have read, understood, and will adh<br>I/we have current comprehensive home | ove-named property, I/we hereby agree the high with the Application Guidelines & Concidere to the applicable VHF Rehabilitation Reinsurance and can provide proof on requested to the City of Victoria (except Prov. of BC | ditions.<br>equirements.<br>t. |  |

I/we recognize that Heritage Alteration Permits are approved by the City of Victoria and are separate from the VHF, and that although work may receive approval from the City, it may not be eligible for a VHF House Grant.

I/we will obtain and submit to the VHF all necessary authorizations and permits from the City of Victoria before work

I/we are not involved in any zoning or bylaw disputes with the City of Victoria. Disputes may exist unknown to the homeowner.

I/we have read, understood and will comply with VHF's zero tolerance for bullying and harassment policy.

I/we will not not commence work without a written letter of approval from the Victoria Heritage Foundation.

I/we will not involve the VHF in any action, between myself/ourselves and any contractors, estimators, employees, workers of agents arising from work on the building.

I will employ the consultant and/or contractors that have been indicated on the application.

There is a City of Victoria heritage plague installed on the house.

Photographs and documents submitted to the VHF may be used for educational and publicity purposes.

A VHF sign acknowledging the grant will be prominently displayed while work is ongoing or for 10 days, whichever is greater. I/we understand that the grant may be cancelled if not started/completed within the required time frame.

OWNER(S) Signature \_\_\_\_\_\_ Date: **AUTHORIZED AGENTS** (if applicable) \_\_\_\_\_ is authorized to act on behalf of the owner(s) for the above-named property. Name: \_\_\_ STRATAS This application has been authorized by the Strata Council. Signature: \_\_\_\_\_ Date:

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| ATTACHMENTS:  ☑ check where applicable  |        |  |
|---|--------|--|
| <ul> <li>□ At least two contractor's current detailed quotes for each project - required</li> <li>□ Photos of the house plus area of proposed work - a minimum of five high resolution digital photos - required</li> <li>□ Site/project drawings of proposed work - required for seismic or new construction</li> <li>□ Copy of Delegated Heritage Alteration Permit from City of Victoria – may be required for paint, woodwork restorations/ reconstructions, among others-contact VHF for more info</li> <li>□ Sketch illustrating colour placement on house &amp; colour details (paint chips and numbers) - required for paint</li> </ul> |        |  |
| PROPOSED PROJECT DETAILS:   |        |  |
| PROJECT 1 DESCRIPTION   |        |  |
|   |        |  |
|   |        |  |
|   |        |  |
|   |        |  |
|   |        |  |
|   |        |  |
| Contractors   ☐ check one to indicate your preferred contractor   | Quotes |  |
|   | \$     |  |
|   | \$     |  |
|   | \$     |  |
| PROJECT 2 DESCRIPTION   |        |  |
|   |        |  |
|   |        |  |
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|   |        |  |
|   |        |  |
|   |        |  |
| Contractors ☑ check one to indicate your preferred contractor   | Quotes |  |
| □   | \$     |  |
|   | \$     |  |
|   | \$     |  |
|   | Ψ      |  |
| PROFESSIONAL CONSULTANT (if applicable)   |        |  |
| Name: Company:  |        |  |
| Address:  |        |  |
| Phone:  |        |  |
| Project:  | \$     |  |
| _ •   | •      |  |
|   |        |  |
| PROPOSED PROJECT(S) TOTALS (your preferred quotes)  |        |  |