



SECTION  357 /  358 /  359 APPLICATION  
TO THE COUNCIL OR THE ASSESSMENT REVIEW BOARD

Application/Appeal #:
Taxation Year:

Municipality: City of North Bay Roll Number: 4 8 - 4 4 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Alternative Number: \_\_\_\_\_  
 \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for s357 application: (Check one box - applicable to s357 only)

<input type="checkbox"/> Ceases to be liable for tax at rate it was taxed - 357(1)(a)	<input type="checkbox"/> Became vacant or excess land - 357(1)(b)
<input type="checkbox"/> Became exempt - 357(1)(c)	<input type="checkbox"/> Sickness or extreme poverty - 357(1)(d.1)
<input type="checkbox"/> Razed by fire, demolition or otherwise - 357(1)(d)(i)	<input type="checkbox"/> Mobile unit removed - 357(1)(e)
<input type="checkbox"/> Damaged and substantially unusable - 357(1)(d)(ii)	<input type="checkbox"/> Gross or manifest clerical/factual error - 357(1)(f)
<input type="checkbox"/> Repairs/Reno's preventing normal use (min. 3 months) - 357(1)(g)	<input type="checkbox"/> Gross or manifest clerical/factual error - 358

Details of Reason for s357, s358 or s359 application: \_\_\_\_\_  
 \_\_\_\_\_

Effective from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 (MM/DD/YY) (MM/DD/YY)

ASSESSMENT REPORT: MUNICIPALITY		TREASURER'S RECOMMENDATION TO COUNCIL	
Assessment Roll As Returned	Revised Since Roll Return <input type="checkbox"/> Enter Revisions Below	Assessment Report	School Bd: <input type="checkbox"/> Eng <input type="checkbox"/> Fr <input type="checkbox"/> Other
		<input type="checkbox"/> No Change in Assessment	<input type="checkbox"/> S357 Required for Next Year

RTC/RTQ	2012 Base-year CVA	2016 Base-year CVA	Current Phased Assessment	Revised RTC/RTQ	Revised 2012 Base-year CVA	Revised 2016 Base-year CVA	Revised Current Phased Assessment	Change to Current Phased Assessment

Revised: \_\_\_\_\_

Reason Original Assessment Revised: \_\_\_\_\_

Reason for Change: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TREASURER'S REPORT ON TAX LIABILITY**

RTC/RTQ	Taxable Assessment Reduction	Tax Rate	Days / Months	Tax Adjustment	Original Levy

Recommended:  No Adjustment  Adjustment  Cancellation  Refund Total Amount \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Treasury Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

COUNCIL OR ASSESSMENT REVIEW BOARD DECISION: Hearing Date (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_

Approved  Amended & Approved  Not Approved  Applicant Did Not Appear  Application Abandoned

Reason: \_\_\_\_\_

Appeared for Applicant: \_\_\_\_\_ Appeared for Municipality: \_\_\_\_\_

Signature of Council/ARB Member: \_\_\_\_\_ Name/Title: \_\_\_\_\_

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purpose of Section 357, 358 or 359 of the *Municipal Act*. Questions about this collection of personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay (705) 474-0626, ext. 2510.