

Schedule "A"

Heritage Building Evaluation: Score Sheet

Comment: If the given numbers provided on the score sheet do not accurately reflect the ranking of the evaluators the evaluators are permitted to select a figure within the given range of numbers. Record accordingly in the totals columns.

Municipal Address:
Legal Description:
Category:
Date of Evaluation:
Name of Recorder:

1. Architectural		E	G	F	P	Total
1.	Style/Type	40	27	14	0	/40
2.	Construction	30	20	10	0	/30
3.	Designer/Builder	15	10	10	0	/15
4.	Composition	15	10	5	0	/15
5.	Interior Elements/Bonus	10	7	3	0	/10
Architectural Subtotal						/100

2. Historical		E	G	F	P	Total
1.	Trends/Patterns/Themes	40	27	14	0	/40
2.	Persons	30	17	8	0	/30
3.	Events	30	17	8	0	/30
4.	Composition	10	7	3	0	/10
5.	Interior Elements/Bonus	10	7	3	0	/10
Historical Subtotal						/100

3. Integrity		E	G	F	P	Total
1.	Alterations	45	27	14	0	/45
2.	Condition	35	20	10	0	/35
3.	Site	20	10	5	0	/20
4.	Adaptability/Bonus	10	7	3	0	/10
Integrity Subtotal						/100

4. Environmental		E	G	F	P	Total
1.	Community Context	40	27	14	0	/50
2.	Landmark Status	40	27	14	0	/50
Environmental Subtotal						/100

5. Rarity		E	G	F	P	Total
1.	Rarity of Style/Type	25	17	8	0	/25
2.	Rarity of Age	25	17	8	0	/25
3.	Rarity of Detailing	25	17	8	0	/25
4.	Rarity of Construction	25	17	8	0	/25
5.	Rarity - other/Bonus	10	7	3	0	/10
Rarity Subtotal						/100

Subtotals			Individual	District
Architectural	_____	x 35% =		
Historical	_____	x 25% =		
Integrity	_____	x 20% =		
Environmental	_____	x 10% =		
Rarity	_____	x 10% =		
Total Score:			_____	
Designation Category:			_____	

Category "A" = 100 -70, Category "B" = 69 -45, Category "C" = 44-26, Category "D" = 25-0

Heritage Property Evaluation: Identification

Municipal Address: _____

Building Name: _____

Legal Description: _____

Date of Construction: _____ Factual or Estimated (Circle One)

Original Owner(s): _____

Current Owner(s): _____

Original Use: _____ Current Use: _____

Current Zoning: _____ Official Plan Designation: _____

Name of Evaluator: _____

Evaluation Date: _____

SEL MHC Review Date: _____ SEL MHC Approval Date: _____

Date to Council: _____ Approved: Yes _____ No _____

Date Council Approved: _____ By-law Number: _____



Date of Photo: _____ View: _____ Credit: _____