

Municipal Register Application Form (Correction/Removal/ Demolition)

Municipal Register of Cultural Heritage Properties "Non-designated" Properties

Township of Selwyn
 1310 Centre Line
 Mailing Address:
 PO Box 270
 Bridgenorth, ON K0L 1H0
 P (705) 292-9507
 E info@selwyntownship.ca

Date Application Filed: _____

File Number: _____

General Application Instructions

- You can consult with Township staff regarding any questions/concerns you encounter in completing and/or submitting this application.
- If you require more space than is provided on this form, please attach additional pages and/or documents. Supporting documentation should be included with the application.

PART A: Applicant Information

Name of Registered Property Owner: _____

Address of Registered Property Owner: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

**[Please note: Authorization is required if the applicant is not the owner. See Part F.]
 Agent Information (If another party is filling out this application on behalf of the owner.
 All correspondence will be sent to the agent and copied to the owner.)**

Name of Agent: _____

Address of Agent: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

PART B: Property Information

Address of Subject Property: _____

Legal Description (e.g. Lot and Plan No.): _____

Date of Acquisition of Subject Property: _____

Current Use(s): _____

Existing Structures:

Yes (please specify use)

No

Structure 1: _____

Structure 2: _____

Structure 3: _____

Current Photograph of property attached.

Yes

No

PART C: Request Details

When filling out this section please consult the *Municipal Heritage Register Policy and the "Criteria for Determining Cultural Heritage Value or Interest"* prescribed in Ontario Regulation 9/06 to the *Ontario Heritage Act* (See Attached Appendix A).

1) Correction to Municipal Register

Are you requesting a correction to Municipal Register information?

Yes

No

If Yes, please identify what information is incorrect and provide details explaining what change you are requesting and include documentation/data sources in support of your application.

Property Address: _____

Legal Address: _____

Build Date: _____

Significant Features: _____

2) Removal from the Municipal Register

Are you requesting removal from the Municipal Register? If Yes, see questions a), b) & c)

Yes

No

a) Please provide your rationale for the property **not** displaying any design or physical value under the Criteria attached as Appendix A.

b) Please provide your rationale for the property **not** displaying any historic or associative value under the Criteria attached as Appendix A.

c) Please provide your rationale for the property **not** displaying any contextual value under the Criteria attached as Appendix A.

Has a Heritage Assessment been conducted?

Yes

No

(If the answer to any of the above questions is 'Yes', please attach the appropriate Report to this application)

Heritage Consultant Information

Name of Heritage Consultant: _____

Address of Heritage Consultant: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

3) Assessment by the Municipal Heritage Committee

Are you requesting the Municipal Heritage Committee to conduct a detailed Heritage Assessment of the property? Yes No

Please note that additional time will be required for the Municipal Heritage Committee to conduct a detailed assessment of the property. If a detailed assessment is sought by the property owner, additional background research is required which could warrant proceeding with the designation of a property under the *Ontario Heritage Act*.

4) Demolition

Are you requesting to demolish Property or Portion(s) of a Property that is on the Municipal Register? Yes No

** As per Section 27 (3)-(5) of the Ontario Heritage Act the owner of a non-designated listed property shall not demolish or remove a building or structure on the property or permit the demolition or removal of the building or structure unless the owner gives the Council of the municipality at least 60 days' notice in writing of the owner's intention to demolish or remove the building or structure or to permit the demolition or removal of the building or structure. 2006, c. 11, Sched. B, s. 11 (2).

a) If yes, please provide your rationale/need to demolish the property or portion(s) of the property

b) Have other options been consider prior to demolition? If so, please explain.

** Mandatory - please include a sketch of your proposal.**

PART D: Project Information

Is this property currently or previously the subject of a development application (e.g. Re-zoning, site plan control, building permit, demolition, etc)? Yes No

If Yes, please provide

Date: _____

File Number: _____

Purpose: _____

Details/Outcome: _____

PART E: Sworn Declaration

I/We Hereby Certify that the information contained in this application is true, correct and complete in every respect and may be verified by the Township, including the Municipal Heritage Committee, by such inquiry as it deems appropriate, including inspection of the property for which this application is being made.

I/We Hereby Grant Permission to the Township, or its agents, including the Municipal Heritage Committee, to inspect my/our property as part of the review/heritage assessment process including taking pictures, documenting etc...

Name of Property Owner

Signature of Property Owner
(Owner must sign this application. Please see Part F: Authorization for Agent to Act for Owner)

Date

Signature of Agent (where applicable)

Date

Name of Qualified Person (where applicable)
(Heritage Consultant)

Title

Signature of Qualified Person (where applicable)
(Heritage Consultant)

Date

** Personal information contained in this form and schedules collected will be used in the administration of the application and information contained herein may be available to the public in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions regarding this collection and its release under the Act should be directed to the Township of Selwyn, Attention: Clerk, PO Box 270 Bridgenorth, ON K0L 1H0, 705-292-9507 during business hours.

PART F: Authorization for Agent to Act for Owner

(If application is signed by an Agent on Owner's behalf, the Owner's written authorization below must be completed and submitted with the application.)

I/WE _____

Of the _____ of _____

In the County/Region of _____

Do hereby authorize _____

To act as my/our agent in this application.

Signature of Owner (s)

Date

Print Name of Owner (s)

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Office Use:

Date Received: _____

Application Complete:

60 Day Review Period Ends: _____

Support Materials Provided:

Correction Request _____

Removal Request _____

Assessment Request _____

Demo Request _____

Date of MHC meeting _____

Invite Applicant _____

Council Date _____

Result _____

Register and copies updated

Comments: _____