



Municipal Heritage Register Policy

Appendix B

Township of Oro-Medonte Municipal Register Correction/Removal Application Form For Non-designated (Listed) Properties

Heritage Committee, Township of Oro-Medonte
148 Line 7 South
Oro-Medonte, ON L0L 2E0
P (705) 487-2171

Date Application Filed: _____

File Number: _____

General Application Instructions

You may consult members of the Heritage Committee concerning 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: _____

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: _____

Email Address: _____



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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: _____ Structure 1: _____

Yes (please specify use) _____ Structure 2: _____

No _____ Structure 3: _____

Current Photograph of property attached. Yes No

Part C: Request Details

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 Description: _____

Build Date: _____



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Significant Features:

2) Removal from the Municipal Register

Are you requesting removal from the Municipal Register?

Yes

No

If Yes,

a) Please provide your rationale for the property not displaying any design or physical value under the criteria set out in Ontario Regulation 9/06.

b) Please provide your rationale for the property not displaying any historic or associative value under the criteria set out in Ontario Regulation 9/06.



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c) Please provide your rationale for the property not displaying any contextual value under the criteria set out in Ontario Regulation 9/06.

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: _____



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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:



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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 of Oro-Medonte, including Heritage Committee members, 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 Heritage Committee members, to inspect my/our property as part of the review/heritage assessment process.

Name of Property Owner

Title

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 in this application (name, address, phone number, e-mail address) is part of the public record and by signing such application form the applicant acknowledges that such information can be disclosed to the public.



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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.

_____ Date

Signature of Owner (s)

_____ Print Name of Owner (s)

** Personal information in this application (name, address, phone number, e-mail address) is part of the public record and by signing such application form the applicant acknowledges that such information can be disclosed to the public.

Office use:

Date Received: _____ Application Complete:

60 Day Review Period Ends: _____ Support Materials Provided:

Correction Request
Result _____

Removal Request
Date of Heritage Committee Meeting _____
Invite Applicant _____
Council Date _____
Result _____

Register and copies Updated

Comments: