Municipal Register Application Form (Correction/Removal)



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

Heritage Planner, City of Guelph Community Design and Development Services 3rd Floor, 1 Carden Street Guelph ON N1H 3A1 P (519) 837-5616 F (519) 837-5640

E planning@guelph.ca

Date Application Filed:	
File Number:	

GENERAL APPLICATION INSTRUCTIONS

- You may consult Community Design and Development Services (CDDS) staff 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.

Address of Registered Property Ov	Address of Registered Property Owner:				
Phone Number:	Fax Number:				
Email Address:					
Agent Information (If another	required if the applicant is not the owner. See Part F.] party is filling out this application on behalf of the owner 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 Pla	an No.):				
Date of Acquisition of Subject Pro	perty:				
Current Use(s):					

Е	xisti	ing Structures:	Structure	1:			
		Yes (please specify use)	Structure	2:			
		No	Structure	3:			
C	Curre	ent Photograph of property attached.		Yes	□ No		
PAR	T C:	Request Details					
deritegis www. Dete	tage ster) v.his rmii	ling out this section please consult to Resources – Non-Designated Property, a Glossary of Architectural Terms storicplaces.ca/nor-sta/request.aspining Cultural Heritage Value or Integrio Heritage Act (See Attached Appe	erties (see (<u>www.On</u> x?req=sec rest" pres	www.gue tarioArchit c6/page6a	lph.ca – se ecture.cor) and the	earch m <u>n</u> ; "Criteria	unicipal ı for
1) C	orrection to Municipal Register					
A	re y	ou requesting a correction to Municipal	Register inf	formation?		Yes	No
		s, please identify what information is inc equesting and include documentation/da					change you
		Property Address:					
		Legal Address:					
		Build Date:					
		Significant Features:					
_							
_							

Phone Number: Fax Number:	
Email Address:	
Address of Heritage Consultant:	
Name of Heritage Consultant:	
Heritage Consultant Information	
(If the answer to any of the above questions is 'Yes', please attach the appropriate Re	port to this application)
Has a Heritage Assessment been conducted? □Yes	□ No
Criteria attached as Appendix A to the Review Process Guidelines.	
c) Please provide your rationale for the property not displaying any contex	xtual value under the
 b) Please provide your rationale for the property not displaying any histori under the Criteria attached as Appendix A to the Review Process Guide 	
under the Criteria attached as Appendix A to the Review Process Guide	lines.
a) Please provide your rationale for the property not displaying any design	

3) Assessment by	Heritage Guelph		
	ritage Guelph to conduct sessment of the property?	Yes	☐ No
assessment of the pro	litional time will be required for perty. If a detailed assessment is required which could warrant profitage Act.	is sought by the prop	perty owner, additional
PART D: Project Info	rmation		
	ntly or previously the subject of ling permit, demolition, etc)?	a development appli	cation (e.g. Re-zoning,
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 City of Guelph, including Heritage Guelph 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 City, or its agents, including Heritage Guelph 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.

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 Co	ounty/Region of	
	Do herek	oy authorize	
	To act as	s my/our agent in this application.	
	Signatur	e of Owner (s)	Date
	Print Na	me of Owner (s)	
**	the publ		e, address, phone number, e-mail address) is part or ion form the applicant acknowledges that such
* *	***** OFFICE		*******
	Date	Received:	Application Complete:
	60 Da	y Review Period Ends:	Support Materials Provided:
		Correction Request	
		Request Result	
		Removal Request Date of Heritage Guelph Sub Date of Heritage Guelph Mee Invite Applicant Council Date	-committee eting
		Result Result	
	Regis	ter and copies Updated	AMANDA updated
	Comn	nents:	