



# 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:

Yes (please specify use)

No

Structure 1: \_\_\_\_\_

Structure 2: \_\_\_\_\_

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:

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### 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.

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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.

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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:

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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.

\_\_\_\_\_  
Signature of Owner (s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
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.

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### 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: