

# Municipal Register Application Form (Correction/Removal)



## Municipal Register of Cultural Heritage Properties “Non-designated” Properties

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Date Application Filed: \_\_\_\_\_

File Number: \_\_\_\_\_

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### GENERAL APPLICATION INSTRUCTIONS

- You may consult Corporate Services 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.

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

Yes (please specify use) Structure 2: \_\_\_\_\_

No Structure 3: \_\_\_\_\_

Current Photograph of property attached.  Yes  No

**PART C: Request Details**

When filling out this section please consult the current Municipal Register of Cultural Heritage Properties – Non- Designated Properties 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  Yes  No  
If YES,

- a. Please provide your rationale for the property not displaying any design or physical value under the Criteria attached as Appendix A to the Review Process Guidelines.

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- b. Please provide your rationale for the property not displaying any historic or associative value under the Criteria attached as Appendix A to the Review Process Guidelines.

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- c. Please provide your rationale for the property not displaying any contextual value under the Criteria attached as Appendix A to the Review Process Guidelines.

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Has a Heritage Assessment been conducted?  Yes  No

**Heritage Consultant Information**

Name of Heritage Consultant: \_\_\_\_\_

Address of Heritage Consultant: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3) Assessment by Heritage Central Elgin**

Are you requesting Heritage Central Elgin to conduct a detailed Heritage Assessment of the property?  Yes  No

Please note that additional time will be required for Heritage Central Elgin 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*.

**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 Municipality of Central Elgin, including Heritage Central Elgin 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 Municipality of Central Elgin, or its agents, including Heritage 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 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 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

Request Result: \_\_\_\_\_

Removal Request

Date of Heritage Central Elgin Sub-committee \_\_\_\_\_

Date of Heritage Central Elgin Meeting \_\_\_\_\_

Invite Applicant \_\_\_\_\_

Council Date \_\_\_\_\_

Request Result \_\_\_\_\_

Register Updated

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_