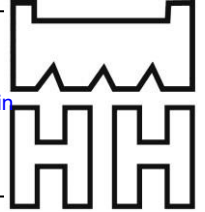


# Heritage Haldimand Designated Property

## Alteration Request Form

Application Reference ☐Property ☐ Squire William Anthony Log CabinDate Received ☐ October 20, 2022

Please complete the information and attach all necessary documentation to your alteration request application. The accuracy and completeness of this form is the responsibility of the applicant. Failure to complete the form may result in delays.

### 1. Owner Information

Last Name First Name Address Town/City Province  Postal Code Phone Number  - Cellular Number  - E-Mail 

### 2. Agent acting on behalf of Owner (if any)

Company Name  BENT PENCIL DESIGNAgent Name  AMBER CUTHBERTSONAddress  PO BOX 1479Town/City  FONTHILLProvince  ONPostal Code  L0S 1E0Phone Number  -  Ext. Cellular Number  289-929-2438 E-Mail  amber@bentpencildesign.com

### 3. Property Information

Heritage Property  SQUIRE WILLIAM ANTHONY LOG CABINAddress  834 NORTH SHORE DR.Town/City  DUNNVILLE Postal Code  N1A 2W5

### 4. Project Classification

Please indicate the type of action ☐ is to perform on ☐ property

Record all that apply

Interior



Exterior



New Construction	<input checked="" type="checkbox"/>	Demolition/Removal	<input checked="" type="checkbox"/>	Alteration	<input checked="" type="checkbox"/>
Repairs/Maintenance	<input checked="" type="checkbox"/>	Landscaping/Excavating	<input checked="" type="checkbox"/>	Lighting	
Renovating/Repainting		Mechanical/Electrical	<input checked="" type="checkbox"/>	Other	

## 5. Pre-Application Advice

Did you receive any advice from Heritage Haldimand prior to filling out this application?

☐ Yes

☒

No

To process your application more efficiently please complete as much as possible below.

Heritage Haldimand Committee or member ☐ ANNE UNYI ☐

Date Advised ☐ 18 ☐ 03 ☐ 2022 ☐  
 Day ☐ Month ☐ Year ☐

Details of advice received ☐ IDENTIFIED ASPECTS AND FEATURES OF THE CABIN AND ADDITIONS THAT ARE DESIGNATED ☐

## 6. Project Details

Please indicate the affected features/elements and describe the proposed work to be performed on them.

<b>Walls</b>	REPLACING ROTTEN LOGS; RECHINKING
<b>Roof</b>	INSTALL 2 SKYLIGHTS & RAISE OLDEST ADDITION TO THE ORIGINAL CABIN APPROX. 16", TO BE ON THE SAME LEVEL AS THE ORIGINAL CABIN AND IMPROVE DRAINAGE AT INTERSECTION OF THE TWO ROOFS.
<b>Ceiling</b>	
<b>Chimney</b>	
<b>Doors</b>	REPLACE GLAZED DOUBLE DOORS ON SOUTH OF ORIGINAL CABIN WITH SINGLE DOOR & WINDOW, SIMILAR TO WHAT MIGHT HAVE BEEN THERE. INSTALL DOUBLE GLAZED DOORS ON WEST OF OLD ADDITION FOR LIGHT AND ACCESS TO SIDEYARD
<b>Windows</b>	ADD ADDITIONAL WINDOWS FOR LIGHT AND VENTILATION TO OLDEST ADDITION - MAINTAIN SIMILAR STYLE & PROPORTIONS TO EXISTING. CARRY OVER STYLE & PROPORTIONS TO PROPOSED NEW ADDITION.
<b>Floors</b>	
<b>Lighting</b>	
<b>Landscaping</b>	
<b>Other</b>	

## 7. Project Reasoning

Please describe the reason for the alteration ☐

THE PROPERTY OWNERS WISH TO UPDATE THE CABIN FOR MODERN DAY LIVING ☐  
 HAVE THE GROUND FLOOR ALL ON ONE LEVEL FOR ACCESSIBILITY/ AGING AT HOME.  
 MITIGATE DAMAGE TO ORIGINAL CABIN DUE TO POOR ROOF CONNECTION. ☐  
 INTRODUCE MORE LIGHT INTO THE BUILDING. PARTICULARLY IN OLDEST ADDITION, WHICH SERVES AS THE KITCHEN AND IS INTENDED TO CONTINUE TO BE USED FOR THIS FUNCTION. ☐

## 8. Consultants and Contractors

If the work is to be performed by a consultant or contractor, please provide their contact information below.

Architectural TECHNOLOGIST, LIC. TECH. OAA

Name AMBER CUTHBERTSON Organization BENT PENCIL DESIGN Phone 289-929-2438

Engineer

Name MARK SHOALTS Organization SHOALTS CONSTRUCTION Phone 905-892-2110

General Contractor

Name \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

Consultant HERITAGE

Name MARK SHOALTS Organization SHOALTS CONSTRUCTION Phone 905-892-2110

Other

Name \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

## 9. Proposed Schedule

Estimate the project start and completion dates

Start date 2023 Completion date 2024  
 Day Month Year Day Month Year

## 10. Additional Material

Please select which documents will be included in this application. The more supporting documents are included the more efficient the application process will be.

Photographs	<input checked="" type="checkbox"/>	Elevations	<input checked="" type="checkbox"/>	Site Plans	<input checked="" type="checkbox"/>
Condition reports	<input type="checkbox"/>	Floor Plans	<input checked="" type="checkbox"/>	Specifications	<input type="checkbox"/>

## 11. Application Checklist

Please ensure you have completed all parts of this form and included all required material before submitting your application.

Have you

- Completed your full address and property information
- Classified the type of work to be performed on your property
- Proposed a timeline in which the project is estimated to be completed
- Included additional materials as necessary
- Indicated the nature and reasoning of the work to be performed on specific parts of the building
- Provided contact information of any other parties involved in the project

