Heritage Haldimand Designated Property Alteration Request Form

Application Reference #

Property: Squire William Anthony Log Cabin

Date 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 N	First Name			
Address:	<u> </u>						
Town/City			Province	ce:	Postal Code	<u>:</u>	
Phone Number: ()	<u>-</u>		<u>Cellula</u>	r Numb	per: () -		
E-Mail:							
2. Agent acting on beha	lf of Owner	(if any)					
Company Name: BENT F	PENCIL DE	SGN	Agent Name:	AME	BER CUTHBERTSON	<u></u>	
Address: PO BOX 14	1 79						
Town/City: FONTHILL			Province: ON		Postal Code: L0S 1E0	_	
Phone Number: () -		Ext.#					
Cellular Number: (28)9-929	-2438 <u>Е-М</u> а	ail: amber@be	ntpencildesign.com				
3. Property Information							
Heritage Property: <u>SQUIR</u> E	WILLIAM A	NTHONY LOG C	ABIN				
Address: <u>834 NORTH SH</u>	ORE DR.						
Town/City: <u>DUNNVILLE</u>		Posta	al Code: N1A 2W5				
4. Project Classification	on						
Please indicate the type of	action you v	vish to perform o	on your property	V.	check all that apply.		
Interior X	Ext	erior C	X				
New Construction	Х	Demolition/R	temoval	Χ	Alteration	Х	
Repairs/Maintenance	Х	Landscaping	-	Х	Lighting		
Refinishing /Repainting		Mechanical/E	Electrical	X	Other		

5. Pre-Application Advice

Yes

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

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: <u>IDENTIFIED ASPECTS AND FEATURES OF THE CABIN AND ADDITIONS THAT ARE DESIGNATED.</u>
6. Project Details
Please indicate the affected features/elements and describe the proposed work to be performed on them.
Walls REPLACING ROTTEN LOGS; RECHINKING
Roof 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.
Ceiling
Chimney
Doors 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.
Windows ADD ADDITIONAL WINDOWS FOR LIGHT AND VENTILATION TO OLDEST ADDITION - MAINTAIN SIMILAR STYLE & PROPORTIONS TO EXISTING. CARRY OVER STYLE & PROPORTIONS TO PROPOSED NEW ADDITION.
Floors
Lighting
Landscaping
Other

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. PARTICULARILY 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				
General Contractor				
Name	Organization	Phone		
Consultant HERITAGE		0.5		
Name MARK SHOALTS	Organization SHOALTS CONSTRUCTI	ONPhone 905-892-2110		
Other				

9. Proposed Schedule

Name

Estimate the project start and completion dates

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

Organization

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.

Phone

Photographs	X	Elevations	X	Site Plan(s)	X
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Condition reports		Floor Plan(s)	$\mathbf{C} \times \mathbf{J}$	Specifications	

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 you wish to perform 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?

12. Declaration

Cayuga, ON NOA 1E0

I/We hereby apply for alteration approval as described in this form and the accompanying plans/drawings and additional information.

Heritage Haldimand expects that the owner is in full compliance with the easement agreement at the time of submission.

Signed - Owner(s):

Date:

Day

Month

Year

Signed - Agent(s):

(if any)

Date:

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Day

Month

Year

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Please note - this application is used by Heritage Haldimand only. It does not cover matters of other applicable law. It is the applicant's responsibility to address any requirements under the Planning Act or Building Code Act, public as well as environmental safety and other bylaws or regulation.

Personal information on this form is collected under the authority of the Ontario Heritage Act, R.S.O. 1990, C.O.18, sect.7, and will be used to evaluate proposed projects for approval. The information will be held in our files and may be subject to a freedom of information request. For further information, please contact Heritage Haldimand c/o Haldimand County 53 Thorburn Street South, Cayuga, Ontario, N0A 1E0 or email: heritage@haldimandcounty.on.ca.

Please mail Requests for Alteration to the following address: Clerk Haldimand County 53 Thorburn Street South

Name: AMBER CUTHBERTSON (BENT PENCIL DESIGN)