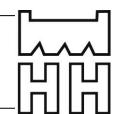
Heritage Haldimand Designated Property Alteration Request Form

Application Reference #

Property: Cottonwood Mansion

Date Received: April 30, 2024



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} Cottonwood Mansion P	reservation Foundation _{Eir}	irst Name
Address: 740 Haldimand 53		
Town/City Selkirk	<u>Pro</u>	rovince: ON Postal Code NOA 1P0 :
Phone Number: (905)776-2538		ellular Number: () -
E-Mail: cottonwoodmansion@gn	nail.com_	
2. Agent acting on behalf of Owner	(if any)	
Company Name: Shoalts Engine	ering Agent Nam	_{ne:} Mark Shoalts
Address: P.O. Box 218		
Town/City: Fenwick	Province: C	ON Postal Code: LOS 1C0
Phone Number: ()905-892-2110	Ext. #	
• •	il: mark@shoalts.ca	
3. Property Information	d Manajan	
Heritage Property: Cottonwoo	u Mansion	
740	-l 50	
Address: 740 Haldimand Roa	10 53	
Town/City: Selkirk	n NOA	A 1P0
Town/City:	Postal Code: NOA	
4. Project Classification		
+. FTOJECT CIASSIIICATION		
Please indicate the type of action you w	ish to perform on your property	check all that apply.
Interior Exte	erior 💢	
New Construction X	Demolition/Removal	Alteration
Repairs/Maintenance X	Landscaping/Excavating	Lighting
Refinishing /Repainting X	Mechanical/Electrical	Other

5. Pre-Application Advice

Yes

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

No

-	•		mittee or r			_			-		Anne	Unyi			
3				_								-			
Date Adv	/ised:	Octobe	er 2022					_							
			Day	М	lonth	Yea	ar	-							
Details of			The Chai in Octobe that would No concre	er, 2022. d addres:	At that ti	me Iona o projects	did mer to be c	ntion sh omplete	ne was ed e.g.	working the pi	g on a lars ar	10-ye d balc	ar plan ony, et	for Cotto c.	onwood
Please in	ndicate t	he affect	ted feature				-							o be con	прістой.
Walls															
Roof F	Repair	s to po	rch roof	sheathi	ng, bea	ams, and	d roof	batte	ns						
Ceiling															
Cennig	4														
Chimn	ey														
Doors															
Windo	ws														
Floors	raisc		mately 8'x mately 10'							-free a	ccess.				
Lightir		•		•		•									
Lands	capin	g													
Other			xisting from							j barrie	r-free v	washro	oom.		
7. Proje	ect Rea	asoninç	9												
Please de	escribe	the reas	on for the a	alteration:											
			orch are re atrons of 0				ation fr	om wat	ter ingi	ress. E	Barrier-	free a	ccess is	s desired	l to

8. Consultants and Contractors

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

Architect:

Name: Organization Phone

Engineer

Name Mark Shoalts Organization Shoalts Engineering Phone

General Contractor

Name Art Dean Organization Phone

Consultant

Name Organization Phone

Other

Name Organization Phone

9. Proposed Schedule

Estimate the project start and completion dates

Start date: 1 May 2024 Completion date: 15 June 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	Elevations		Site Plan(s)	
Condition reports	Floor Plan(s)	\propto	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

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): _		
Cigilou	OWITOT(3)		
Date:	17	April	2024
	Day	Month	Year
Name:	Laura Stinso	on, Interim Chai	r, Cottonwood M
Signed (if any)	- Agent(s): _		
(ii diriy)			
Date: _	11 Apri	l, 2024	
	Day	Month	Year
	Mark Shoa	ılts, Shoalts l	Engineering
Name:			

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