Accessory Pailaing
Appendix II



**Department of Community & Development Services** 1593 Four Mile Creek Road P.O. Box 100, Virgil, ON LOS 1T0

905-468-3266 • Fax: 905-468-0301

www.notl.org -

## HERITAGE PERMIT APPLICATION FORM

Under the Ontario Heritage Act, R.S.O. 1990, c. O.18 (as amended)

| 1. PROPERTY OWNER INF   | ORMATION     |                          |  |  |  |
|---|--------------|--------------------------|--|--|--|
| PROPERTY OWNER NAME   |              |                          |  |  |  |
| Blair McArthur  |              |                          |  |  |  |
| PROPERTY OWNER MAILING ADI  | DRESS        |                          |  |  |  |
| 210 John Street East  |              |                          |  |  |  |
|   |              |                          |  |  |  |
| STREET NUMBER   | STREET NAME  | PO BOX                   |  |  |  |
| Niagara-on-the-Lake   | Ontario      | LOS 1J0                  |  |  |  |
| CITY  | PROVINCE     | POSTAL CODE              |  |  |  |
| PHONE NUMBER  |              | ALTERNATE PHONE NUMBER   |  |  |  |
| 905.475.6600  |              | 416.844.3813             |  |  |  |
| EMAIL ADDDECC ***   |              |                          |  |  |  |
| EMAIL ADDRESS *** blair.mcarthur@whiteowlgroup.ca   |              |                          |  |  |  |
| biaii.meartifut@wifiteowigroup.ca   |              |                          |  |  |  |
| IS THE APPLICANT ALSO   | THE OWNER    | OF THE PROPERTY?         |  |  |  |
|   |              |                          |  |  |  |
| ☐ YES (IF YES PROCEED   | TO SECTION   | 3) • NO                  |  |  |  |
|   |              |                          |  |  |  |
|   | ON (IF AN AG | ENT HAS BEEN AUTHORIZED) |  |  |  |
| APPLICANT NAME Susan Wheler, Susan Wheler & Ass   | opietos      |                          |  |  |  |
| Susair Wrieler, Susair Wrieler & Ass  | ociales      |                          |  |  |  |
| APPLICANT MAILING ADDRESS   |              |                          |  |  |  |
| 289 Victoria Street P.O. Box 696  |              |                          |  |  |  |
| STREET NUMBER   | STREET NAME  | PO BOX                   |  |  |  |
| Niagara-on-the-Lake   | Ontario      | LOS 1JO                  |  |  |  |
|   |              |                          |  |  |  |
| CITY  | PROVINCE     | POSTAL CODE              |  |  |  |
| PHONE NUMBER  | ,            | ALTERNATE PHONE NUMBER   |  |  |  |
| 905.468.2990  |              | 905.650.1275             |  |  |  |
| EMAIL ADDRESS ***   |              |                          |  |  |  |
| sujsan@susanwhelerandassociates.com   |              |                          |  |  |  |
| Tajaan Garaan Madaaa Madaaa Madaa |              |                          |  |  |  |

<sup>\*\*\*</sup> By providing an e-mail address you agree to receive communications and notices from the Town and the Municipal Heritage Committee by email

| 3. SUBJECT PROPERTY(IES) INFORMATION  |   |  |  |  |  |
|---|---|--|--|--|--|
| MUNICIPAL ADDRESS   |   |  |  |  |  |
| 95 Johnson Street   |   |  |  |  |  |
| LEGAL DESCRIPTION   | ROLL NUMBER   |  |  |  |  |
| Part of Lot 101, Plan 86  |   |  |  |  |  |
| CNITADIO LIEDITA OF ACT DECIONATION   |   |  |  |  |  |
| ONTARIO HERITAGE ACT DESIGNATION:   |   |  |  |  |  |
| ☐ PART IV ■ PART V  |   |  |  |  |  |
| IS THE PROPERTY IN THE TOWN'S IDENTIFIED  | AREA OF ARCHAEOLOGICAL POTENTIAL?                           |  |  |  |  |
| ■ YES □ NO  |   |  |  |  |  |
| 4. PROPOSED ALTERATIONS   |   |  |  |  |  |
| (a) Specify, in detail, all proposed alterations to   | o the property and structures on the property.              |  |  |  |  |
| Attach additional pages as necessary:   |   |  |  |  |  |
| The Zoning By-law amendment ZBA-25-2023, no   | ow in process, will recognize reduced setbacks              |  |  |  |  |
| to the recently constructed accessory building lo   | cated in the rear parking area (please refer to             |  |  |  |  |
| the site plan attached). The accessory building   | will be used for storage of property                        |  |  |  |  |
| maintenance equipment.  |   |  |  |  |  |
| (b) Explain the reasons for the proposed altera   | ation:  |  |  |  |  |
| A Heritage Permit is being applied for to recognize the cor   | nstruction of the accessory building. The building will be  |  |  |  |  |
| used to store equipment for property maintenance.   | 184 454 5. 4.0 4555511, 22                                  |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| (c) Explain how the proposal enhances the cultural  | heritage attributes of the property and/or meets the        |  |  |  |  |
| policies of the Heritage Conservation District Plan:  | nonage and acceptance property and acceptance               |  |  |  |  |
| The accessory building is located in the rear parking area  | at the east side of the site and is not easily visible from |  |  |  |  |
| the Street or from the single family dwelling. It is located in   |   |  |  |  |  |
| garbage enclosure and surrounding by the parking area.  |   |  |  |  |  |
| landscaped. It is not anticipated that the building will have any impact on the cultural heritage attributes of the |   |  |  |  |  |
| property.   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| (d) Are any alterations proposed to trees or landsca  | ping? If so, please explain.                                |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| ,   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |

| HERITAGE<br>ATTRIBUTE(S) TO<br>BE IMPACTED                                | EXISTING MATERIAL                                       | PROPOSED MATERIALS & COLOURS |  |  |
|---|---|------------------------------|--|--|
| Exterior treatment  | Board & Batten Wood                                     | Off black                    |  |  |
| Roof  | Cedar shingles  | Natural                      |  |  |
| Trim  | NA  |                              |  |  |
| Doors  1 Wood Door 12-pane over solid base                                |   | Off black                    |  |  |
| Windows   | 2 x Wood 6-Paned Windows with shutters and window boxes | Off Black                    |  |  |
| Porch/Verandah  | NA  |                              |  |  |
| Fencing Existing board fence to the north and enclosing the parking area. |   | Off black                    |  |  |
| Landscaping Please refer to the landscape plan                            |   |                              |  |  |
| Interior features   | NA  |                              |  |  |
| Other   |   |                              |  |  |
|   |   | Daga 2 of F                  |  |  |

| 5. O                  | THER APPLICATIONS / PERMITS TH   | AT MAY BE REQUIRED:  |  |
|-----------------------|--|--|--|
|                       | UILDING PERMIT   | PLANNING APPLI   | CATION(S)  |
|                       | REE REMOVAL PERMIT   |  | 5,(5)  |
|                       | THER:  |  |  |
|                       |  |  |  |
|                       | IFORMATION & PLANS REQUIRED PPLICATION   | FOR A COMPLETE HER   | NTAGE PERMIT                                       |
| Inform<br>Pre-C       | mation/Plans typically required with a Hel<br>Consultation process. Please check off a<br>ultation:  |  |  |
|                       | Heritage Pre-Consultation Form Site Plan (including buildings and structural Elevations (including height of Recent photos of all building elevation Proposed materials / paint colours / selection Plans Cultural Heritage Evaluation Report / Conservation Plan / Temporary Prote Arborist Report / Tree Inventory Landscape Plans Other:  | of all existing and proposed<br>ns (taken within 2 months of<br>pecifications for materials<br>Heritage Impact Assessm<br>ction Plan | d structures) of application submission)           |
| 7. O                  | WNER DECLARATION AND AUTHO   | ORIZATION  |  |
| I                     | reby certify that I am the property mation is true to the best of my know  |  | agent and that the above                           |
|                       | re reviewed the submission requirem<br>be accepted.  | ents and understand that   | ncomplete applications may                         |
| amei<br>chan          | knowledge that any change to the ndment to the permit and may requiges to Heritage Planning Staff may represent to the permit and may required to the permit and the permit | ire resubmission for appro   | oval. Failure to reveal these                      |
| signi<br>Niag<br>nece | the Owner(s) of the subject propering this application agree to allow eara-on-the-Lake Municipal Heritage essary, to view & photograph the property may result in the application beir   | either Town Staff and/or a<br>Committee the right to<br>perty for the proposal. Fail   | Committee Member of the enter onto my property, as |

supporting materials either for its own use in processing the application, or at the request of a third party, without further notification to, or permission from, the applicant.

OWNER NAME (PRINT):

Blair McArthur

OWNER SIGNATURE:

DATE:

EMAIL ADDRESS\*\*\*:

blair.mcarthur@whiteowlgroup.ca

\*\*\* By providing an e-mail address you agree to receive communications and notices from the Town and the Municipal Heritage Committee by email

OFFICE USE

DATE OF NOTICE OF RECEIPT AS REQUIRED UNDER THE OHA:

The applicant acknowledges that the Municipality considers the application forms and all supporting materials including studies, drawings and photos, filed with any application to be public information and to form part of the public record. With the filing of an application, the applicant consents and hereby confirms that the consent of the authors of all supporting reports have been obtained, to permit the Municipality and Region to release the application and any