



Heritage Permit Application

Section of the *Ontario Heritage Act* (OHA)

Are you proposing to alter or to demolish/remove a building or structure on an individually designated property (Part IV)? Check all applicable boxes:

<input type="checkbox"/> S. 33 Alteration(s)	<input type="checkbox"/> S. 34(1)1 Demolition of a heritage attribute	<input type="checkbox"/> S. 34.(1)2 Demolition of a building or structure
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Applicant Information

Owner (Full name and address of Owner(s), whether a Corporation/Individual, must be provided)		
Owner(s):		
Address:		Municipality:
Phone:	E-Mail:	Postal Code:
Note: Authorization is required if the applicant is <u>not</u> the owner (See Page 7)		
Agent/Applicant *** If different from above***		
Name:		
Address:		Municipality:
Phone:	E-Mail:	Postal Code:
Send correspondence to the following: (Please specify)		
Owner: <input type="checkbox"/>	Agent/Applicant: <input type="checkbox"/>	Other: _____
I hereby make the above application for a Heritage Permit Application, declaring all the information contained herein is true and correct, and acknowledging the Town of Erin will process the application based on the information provided.		
Signature:		Date:

Property Information

Provide a description of the entire property:		
Street Address:	City/Town:	Municipality:
Concession:	Lot:	Registered Plan #:
Width of Road Allowance (if known):		
Road or Street Providing access to subject property:		
Lot Frontage:	Lot Depth:	Lot Area:

Proposal Details

Description of Work to be Undertaken, Rationale, and Potential Impacts to Heritage Attributes			
<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Erection
<input type="checkbox"/> Removal	<input type="checkbox"/> Repair	<input type="checkbox"/> Maintenance	

Authorization for Agent/Solicitor to Act for Owner

If affidavit is signed by an Agent/Solicitor on Owner's behalf, and/or the Agent will act on behalf of the Owner with regards to this application, the Owner's written authorization below must be completed.

I (we) _____, of the Town of Erin, County of Wellington do hereby authorize _____ to act as my agent in this application.

Signature of Owner(s)

Date

Affidavit

If affidavit must be signed in the presence of a Commissioner.

I (we) _____ of the Town of Erin, County of Wellington, do solemnly declare that all the statements contained in this application are true, and I (we), make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

This _____ day of _____, 20_____.

Signature of Owner or Authorized Applicant/Agent

Date

Declared before me at the Town of Erin in the County of Wellington:

Signature of Commissioner

Date

Stamp: