



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

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PLANNING AND DEVELOPMENT SERVICES
Development

APPLICATION FOR HERITAGE DESIGNATION UNDER THE HERITAGE ACT

*To be completed by applicant
and returned to Planning and Development Services Department*

*** PLEASE PRINT ALL INFORMATION ***

1. PROPERTY LOCATION AND DESCRIPTION

MUNICIPAL ADDRESS: _____

LEGAL DESCRIPTION: _____

2. APPLICANT INFORMATION

REGISTERED OWNER OF PROPERTY: _____

MAILING ADDRESS: _____

CONTACT IF A NUMBERED COMPANY OR ORGANIZATION: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

OWNER'S AGENT: _____

CONSULTING FIRM: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

3. DESCRIPTION:

Describe in as much detail as possible why your property/building should be designated under the Ontario Heritage Act (e.g. historical/architectural reasons). You may attach as much supporting information/documentation as you wish to this application.

Application for Designation received by: _____

Date Received: _____

4. Review by St. Catharines Heritage Committee:

Date of Referral to Heritage Committee: _____

Date Received: _____

Designation: Accepted (Conditions)

Not Accepted (Reasons)

Planning and Development Services: _____

Date: _____

5. Municipal Council Decision:

Designation:

Accepted (Conditions)

Not Accepted (Reasons)

Planning and Development Services: _____

Date: _____