



MUNICIPALITY OF

# PORT HOPE

COMMUNITY DEVELOPMENT

## Heritage Permit Application Form



Municipality of Port Hope  
Development Team Office  
5 Mill Street South,  
Port Hope, ON L1A 2S6  
Telephone: 905-885-2431  
Fax: 905-885-0507  
Email: [heritageplanner@porthope.ca](mailto:heritageplanner@porthope.ca)

Office Use Only	
Application Number:	
Subject Property:	
Alteration Type:	
Part IV or V:	

# HERITAGE PERMIT APPLICATION FORM

Light Grey Fields are required information for Heritage Permit Applications (attach photographs and/or drawings as required)

## 1.0 Designation under the Ontario Heritage Act

<input type="checkbox"/> Notice of Intention to Designate	<input checked="" type="checkbox"/> Part IV (Individual Property)	<input type="checkbox"/> Part V (Heritage Conservation District)
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## 2.0 Subject Property

Municipal Address of Subject Property (Street # / Name):

20 Hope Street and 65 Ward Street, Port Hope, Ontario

Neighbourhood / General Intersection

Corner of Ward Street and Hope Street

Legal Description (PIN / Concession # / Lot # / Reference Plan # / Part #)

Lots 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 and 31, Smith Estate Plan Port Hope, Municipality of Port Hope [PIN 51075-0087]

## 3.0 Applicant Information

First Name:

Ryan

Last Name:

Bell

Company (if applicable):

Southbridge Health Care GP Inc..

Street #:

766

Street Name:

Hespeler Road

Suite / Unit #:

301

City / Town:

Cambridge

Province:

Ontario

Postal Code:

N3H5L8

Telephone #:

6472983874

Email Address:

rbell@southbridgecare.com

**Owner Information (if different from applicant)** Check if the Same

First Name:

Last Name:

Corporation or partnership (if applicable):

Southbridge Health Care GP Inc.

Street #:

766

Street Name:

Hespeler Road

Suite / Unit #:

301

City / Town:

Cambridge

Province:

Ontario

Postal Code:

N3H5L8

Telephone #:

6472983874

Email Address:

rbell@southbridgecare.com

**4.0 Scope of Work Proposed**

Clearly describe the changes you are undertaking to alter the property.

(Attach additional page(s) or a Cultural Heritage Impact Assessment as needed. In this Application refer to the relevant sections of a Cultural Heritage Impact Assessment if applicable).

We request a Heritage Demolition Permit for the following 3 buildings:

- 1) the original Port Hope Hospital building, a two-storey brick house built (commonly referred to as the "Cottage Hospital");
- 2) the former Port Hope Hospital building, a three-storey brick institutional building (commonly referred to as the "Hospital");
- 3) the Power House and Boiler Room, a one-storey brick building (commonly referred to as the "Power House");

### 5.0 Reasons for Proposed Alteration, Demolition, or Removal

Clearly describe the reasons why you are seeking to alter the property.

(Attach additional page(s) or a Cultural Heritage Impact Assessment as needed. In this application refer to the relevant sections of a Cultural Heritage Impact Assessment if applicable).

The demolition of these three buildings is required for the construction of a new 192-bed state of the art long term care home on this property.  
Attach

### 6.0 Description of Potential Impacts to Heritage Attributes

Clearly describe the potential impacts to the heritage attributes of the property and/or how they meet the policies of the *John, Ontario & Queen Street Heritage Conservation District Plan* or *Walton Street Heritage Conservation District Plan*.

(Attach additional page(s) or a Cultural Heritage Impact Assessment as needed. In this application refer to the relevant sections of a Cultural Heritage Impact Assessment if applicable).

Demolition of the three buildings referred to above. Please refer to the Heritage Impact Assessment, pages 45-48.

## 7.0 Technical Studies

The following documents have been submitted as a complete application. Indicate all materials provided by checking all applicable boxes below:

Completed Heritage Permit Approval form

Cultural Heritage Impact Assessment

Stage 1-2 Archaeological Assessment

Structural Assessment

Concept drawing of the proposed work (e.g. image of structure or finished sign)

Detailed dimensioned drawing of proposed work, structure or sign

Site plans detailing the location of structure or sign

Archival documentation (e.g. original or historical photos)

Photographs of existing conditions, building facade, all side elevations, and all heritage attributes affected by the application, including their condition and context.

Samples of heritage colours, manufacturer name, number and finish for each heritage colour.

Sample font, name, and size of lettering of sign(s) Images and description of lighting fixtures (if applicable)

Sign mounting information (if applicable)

Other pertinent information (if applicable)

## 8.0 Heritage Sign Approval (if applicable)

**Type of Signs Proposed (New or Altered).** Please refer to the total number of signs permitted before checking more than one item below. See Schedule 'C' of *Sign By-law 17-2005*, as amended).

Directory Board

- Ground / Pylon
- Projecting / Hanging
- Wall
- Fascia
- Retractable Awning
- Sandwich Board
- Soffit
- Window
- Door

Type of lettering or font will be:

Type of material(s) supporting structures or fasteners will be:

The proposed message on the sign(s). (Attach additional page(s) as needed). Provide an image with the dimensions shown on the finished signs.

**9.0 Architect or Structure / Graphic Designer (if applicable)**

Name of Firm: S. J. Lawrence Architect Inc.

Contact Person: Brandon Lawrence

Telephone #: 6137397770

Email Address: brandon@sjlarchitect.com

**10.0 Contractor / Builder / Sign Maker (if applicable)**

Firm Name: Traugott Building Contractors Inc.

Contact Person: Thomas Moch

Telephone #: 4166246005

Email Address: thomas@traugott.com

**11.0 Heritage Colours Proposed (if applicable)**

Include actual paint samples for each colour proposed. Identify where these colours will be used. Include manufacturer, colour name, heritage colour number and finish.

(Attach additional page(s) if needed).

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**12.0 Lighting Proposed (if applicable)**

Fixture Material:	
Fixture Colour:	
Wattage:	
Mounting Technique:	
Describe location on the building and provide a sketch or photo:	
Provide an image (brochure) of the proposed light fixtures (attach additional page(s) if needed):  Note: luminous, flashing and read-o-graph type signs are not permitted.	

## Applicant / Owner Declaration and Signature

I hereby declare that the statements made herein are, to the best of my belief and knowledge, a true and complete representation of the purpose and intent of this application.

I have reviewed the submission requirements and understand that incomplete applications may not be accepted.


I also understand that the proposal must comply with all other applicable legislation and by-laws including, Building Permit and Sign Permit.

I acknowledge that any change to the approved drawings, however small, must be re-submitted for approval.

I acknowledge that Municipality of Port Hope staff and members of the Heritage Port Hope Advisory Committee (HPHAC) may visit the property that is the subject of this application for the purpose of evaluating the merits of this application.

I acknowledge that personal information on this form is collected under the authority of the *Ontario Heritage Act* and will be used to process Heritage Permit Applications and the information may also be released to the public.

I confirm that the owner and/or agent for this property has reviewed this application with Heritage Planning staff.

Applicant's Signature (required) 	Date 6/3/2023
Property Owner's Signature (if different from application)	Date

Personal information is being collected on this form under the authority of the *Municipal Act* and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Please note that personal information collected will form part of the public record and is public information subject to the MFIPPA regulations and may be published as part of Council agenda and/ or public consultation processes. Questions about the collection of personal information may be directed to the Municipal Clerk at 905-885-4544 or [clerk@porthope.ca](mailto:clerk@porthope.ca)



Office Use Only	
Application Number:	
Complete Application:	
Notice of Receipt to Owner:	
HPH Notified:	
HPH Decision:	
Application Notified:	
90 Day Expiry Date:	
Planning Staff Name:	
Signature:	
Date:	