

MUNICIPAL HISTORIC RESOURCE DESIGNATION FORM

MUNICIPALITY OF CROWSNEST PASS HERITAGE MANAGEMENT PLAN

Name of Heritage Resource:			
Street Address:			
Legal Description: Lot(s)/Unit No.:	Block No.:	Plan (LTO) No.:	
Land Use District:		, ,	
*Name of Registered Owner(s):			
Street Address:			
C)		Postel Code	
City:	Province:	Postal Code:	
Telephone No.:	Email:		
	*A copy of the Title	may be required to be submitted with the application	
Name of Applicant/Agent (if different than owner):			
Street Address:			
Street Address.			
City:	Province:	Postal Code:	
Telephone No.:	Email:		
	EOR OFFICE US	SE ONLY	
	FOR OFFICE USE ONLY		

Personal information is being collected under the authority of the Municipal Government Act for the purpose of processing this Municipal Heritage Resource Designation Application.

This information is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact the Director of Municipal Planning and Development at (403) 562-8877, Municipality of Crowsnest Pass, 8702 22 Avenue, Coleman, AB, TOK OMO.

Application No.:

Received By:

File No.:



I/We

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authorize

AUTHORIZATIONS

AUTHORIZATION OF APPLICANT/AGENT

(name of registered owner)	(name of agent/person authorized to sign the application)		
to act as agent and sign the application form submitted to the property known as	ne Municipality of Crowsnest Pass on my/our behalf for the		
Signature(s) of registered owner(s):	Date:		
Signature(s) of Signing Officer(s) of Corporation:	Corporate Seal(s), if applicable:		
REGISTERED OWNER'S AGREEMENT			
As of the date of this application, I am the registered owner of the lands described in the application. I have examined the contents of the application, certify that the information submitted with it is correct insofar as I have knowledge of these facts, and concur with the submission of the application. I acknowledge that the lands described in the application may be subject to applicable laws, regulations, and guidelines including, but not limited to, the Municipality of Crowsnest Pass Land Use Bylaw. I agree to comply with all provisions of the Municipality of Crowsnest Pass Land Use Bylaw and any other			
applicable legislation, if this application is approved.			
Signature(s) of registered owner(s):	Date:		
DECLARATION			
I, , solemnly declare that the statements made by me upon this application are to the best of my belief and knowledge a true and complete representation of the purpose and intent of this application.			
Signature of applicant or agent:	Date:		

FORWARD TO: Development Officer, Municipality of Crowsnest Pass (Mail): P.O. Box 600, Crowsnest Pass, AB, TOK 0E0 | (Email): development@crowsnestpass.com (Tel): 403-563-2218 (Fax): 403-563-5581

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SUBMITTAL REQUIREMENTS

Please include all of the following information with your application.

PROPERTY INFORMATION:

Current colour photographs of the subject property and adjacent sites (please label and date each photograph)

Historic photographs or illustrations of the property and structures (if available)

Description and sketch of present site conditions including landscaping, parking areas and surface materials

Copy of the current certificate of title for the property

Current copy of a legal survey prepared by an Alberta Land Surveyor

ARCHITECTURAL INFORMATION (PLEASE INCLUDE INFORMATION SOURCES)

Current colour photographs of each building facade (Please label and date each photograph)

Description (including photographs and/or illustrations) of the type of construction indicating type of materials (original or replacement), colour and present condition

Description (including photographs and/or illustrations) of the architectural features indicating type of materials (original or replacement), colour and present condition, including but not limited to: foundation, roof, doors, windows, trim, exterior finish, porches/balconies, substantial alterations and other features

Description (including photographs and/or illustrations) of any notable construction methods, use of materials or craftsmanship

How does the resource contribute to or fit into the streetscape and surrounding landscape? Is the resource a prominent visual landmark in the neighbourhood, community or region? If so, please explain

HISTORICAL INFORMATION (PLEASE INCLUDE INFORMATION SOURCES)

Date of construction of original structure(s)

Description and date of any substantial alterations, additions or renovations

Description of original, present and proposed use of all structures and the site

Statement of the historical significance of the structure(s) and site including, but not limited to, association with any historical persons, groups, institutions, or events at the local, regional, provincial or national level

Statement of any special prominence of the structure(s) or site in the Municipality of Crowsnest Pass' cultural, political or economic development

Architect's name (original and any substantial alterations, additions or renovations)

Builder's name (original and any substantial alterations, additions or renovations)

Statement of any special prominence of the architect and/or builder in the community, province or nation

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REHABILITATION INCENTIVE INFORMATION

If you are applying for financial assistance from the Alberta Historical Resources Foundation, additional information will be required.

The nature of rehabilitation proposed and the type of financial assistance that is being requested. Consultation with the Municipality to review the scope of work proposed for your historic place is recommended.

Owner agrees that the rehabilitation of the resource will meet the intent of The Standards and Guidelines for the Historic Conservation of Historic Places in Canada.

Owner's Signature:

NOTE: It is strongly encouraged that you consult with the Municipality of Crowsnest Pass prior to submitting the completed application. The Development Officer may waive some of the listed requirements. More detailed information may be requested during review of the application.

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