# Medicine Hat

# Application for Intervention to a Municipal Historic Resource

> Background:  Historic Places designated in Alberta through a bylaw adopted by a Municipal Council as Municipal Historic Resources are legally protected.  The City of Medicine Hat is responsible for safeguarding the heritage values of properties designated as Municipal Historic Resources within the City.  Section 26(6) of Alberta's *Historical Resources Act* requires that "no person shall destroy, disturb, alter, restore, or repair an historic resource that has been designated… without the written approval of the Council or a person appointed by the Council for the purpose."

**Please provide the following information to initiate the intervention application process.**

**1. Common Name of the Municipal Historic Resource (e.g., "The Smith Residence").**


**2. Civic Address or Legal Description of the Municipal Historic Resource.**


**3. Name and contact information for the registered owner(s) of the evaluated property.**


**4. Municipal Bylaw number designating the Municipal Historic Resource.**


**5. Why are these specific interventions / changes are being proposed to this Municipal Historic Resource?**
*(Please check all that apply)*

☐     To conserve the heritage value of the property
☐     To improve the functionality of the property
☐     To enable the adaptive re-use of the property
☐     Other *(Please specify)*


**6. What kind of interventions / changes are being proposed to this Municipal Historic Resource?** *(Please provide a brief summary of the proposed work.  Attach to this application form additional text, pictures, drawings and any other supplementary information that could be of benefit for the review of the proposed intervention).*


**Please submit this application to Jim Genge, Senior Planner, Planning and Development Services of the City of Medicine Hat.  Please provide contact information below.  A meeting at the site of the Municipal Historic Resource may be scheduled to discuss the details of the proposed intervention.**

**Applicant's Name:** _____
**Applicant's Signature:** _____
**Applicant's   Phone:** _____
**Applicant's   Email:** _____
**Date:** _____