

Town of Bay Roberts
Application For Municipal Heritage Designation

Applicant (Owner) Information

Name _____

Mailing Address _____

Telephone _____ Cell Phone _____ Fax _____

Email _____

Building/Structure/Land Information

Building/Structure/Land Name _____

Street Address _____

Date of Construction/Use _____

Please provide a short history of the historic place?

What people, organizations or events are associated with the historic place?

What are the most interesting features of the historic place?

Please describe the surrounding landscape and any associated structures.

Please provide photo(s) if available

Agreement

I have read the Heritage Regulations of the Town of Bay Roberts, understand the implications of municipal heritage designation and wish to have the above noted heritage place designated by the Town.

Name of Owner _____

Signature of Owner _____

Name of Witness _____

Signature of Witness _____

Dated this _____ day of _____ 20 _____