

The Corporation of the Town of Cobourg Legislative Services Department 55 King Street West Cobourg, ON K9A 2M2

Delegation Request Form

Please submit the completed Delegation Request Form to the Municipal Clerk in person or by mail to 55 King Street West, Cobourg, ON K9A 2M2, by e-mail to clerk@cobourg.ca, or by fax to (905) 372-7558.

1.	GENERAL INFORMATION
	Name of Delegate(s):
	Chris Wallace
	Group/Organization/Business Delegation Represents (if applicable):
	Christopher Wallace Architect
2.	MEETING SELECTION
	I wish to appear before:
	☐ Committee of the Whole ☐ Regular Council ☐ Advisory Committee or Local Board
	If appearing before an Advisory Committee or Local Board please specify:
	Cobourg Heritage Advisory Committee
	Meeting Date Requested:
	October 14, 2020
•	DELEGATION DECLIEGT
3.	DELEGATION REQUEST
	General Nature/Purpose of the Delegation: (Clearly state the nature of the business to be discussed & provide a general summary of the information to be presented)
	I wish to present preliminary concepts for the redevelopment of 144 King Street West, in the Heritage conservation district. The property contains a badly deteriorated dwelling which cannot viably be restored. My client and I would like to demolish this structure to permit the redevelopment.

LEGISLATIVE SERVICES DEPARTMENT | VICTORIA HALL, 55 KING ST W, COBOURG, ON K9A 2M2 T.905.372.4301 | F.905.584.4325 | www.cobourg.ca | clerk@cobourg.ca

	ition to Council/Committee/Board: below what action you would like the Town to take with respect to the above-noted subject matter)
downtown des	itage Advisory Committee agree in principal that our proposal complies with heritage and sign guidelines, and that demolition is reasonable in these circumstances. I realize the final emature and must await Site Plan Approval and a Heritage Impact Assessment.
Have you appe	eared before the Town of Cobourg's Council or its Committees or Boards in the past to
☐ Yes ■ No	
PRESENTA	TION MATERIAL
Will you have a	an oral or written presentation? 🔲 Oral 🔳 Written
Do you have a	ny equipment needs? 🔲 Yes 🔳 No
If selecting yes	s, please indicate the type of equipment needed for your presentation:
	ne Type of Equipment
Please Select th	he Type of Equipment s are required to provide one (1) copy of all background material/presentations prior to the ed in the Delegation Rules and Guidelines below, or it will not be included in the Agenda.
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