

**Conservation Review Board**  
Commission des biens culturels



**ISSUE DATE:** March 13, 2019

**CASE NO(S):** CRB1813

**PROCEEDING COMMENCED UNDER** subsection 29(5) of the *Ontario Heritage Act*, R.S.O. 1990, c.O.18, as amended

Owner: Southbridge Health Care GP Inc.  
Objectors: See Appendix 1 – Objector List  
Subject: Notice of Intention to Designate (Port Hope Hospital)  
Property Address: 65 Ward Street  
Legal Description: Lots 21-31 Smith Estate Plan Port Hope, save and except Lots 21-25  
Municipality: Municipality of Port Hope  
CRB Case No.: CRB1813  
CRB Case Name: Baker v. Port Hope (Municipality)

**Heard:** February 11, 2019 in Port Hope, Ontario

**APPEARANCES:**

**Parties**

**Counsel\*/Representative**

Municipality of Port Hope

Jennifer Savini\*

Dan Baker

Self-represented

Melinda Brown

Self-represented

Colleen Haley

Self-represented

Kathy Hensgens

Self-represented

**Participants**

Anthony T. Jenkins

Self-represented

Bruce Bowden	Self-represented
Brian McLaughlin	Self-represented
Phillip Goldsmith	Self-represented
Bill McGill	Self-represented

## **REPORT OF THE BOARD DELIVERED BY DANIEL NELSON AND LAURIE SMITH**

### **OVERVIEW**

[1] The Municipality of Port Hope (“Municipality”) seeks to designate the property located at 65 Ward Street South, Port Hope (“Property”) for its cultural heritage value or interest under s. 29 of the *Ontario Heritage Act* (“OHA”).

[2] The Property is owned by Southbridge Health Care GP Inc. (“Owner”). Three older buildings on the Property were built in 1865 and 1915-1916 and were formerly known as the Port Hope Hospital. A fourth building was built in 1974 and is operated by the Owner as Hope Street Terrace, a long-term care facility.

[3] The Municipality issued a Notice of Intention to Designate (“NOID”) for the Property and 95 people objected, including the Owner. The matter was referred to the Conservation Review Board (“Review Board”), which convened a hearing under s. 29(8) of the OHA (“Hearing”) for the purpose of recommending to the Municipality whether, in the opinion of the Review Board, the Property should be designated under s. 29 of the OHA.

[4] For the reasons set out below, the Review Board recommends that the Municipality designate the Property under s. 29 of the OHA.

## BACKGROUND

[5] The Property includes four buildings on a large lot at the intersection of Ward and Hope streets in a residential neighbourhood of Port Hope:

- the original Port Hope Hospital building, a two-storey brick house built c. 1865 (“Cottage Hospital”);
- the former Port Hope Hospital building, a three-storey brick institutional building built in 1915-1916 with additions in the 1920s (“Hospital”);
- the Power House and Boiler Room, a one-storey brick building built in 1915-1916 (“Power House”); (together, the “Buildings”) and,
- Hope Street Terrace, a long-term-care facility built in 1974 (“Hope Street Terrace”).

[6] The Property is located on Lots 21-31 of the Smith Estate Plan, Port Hope. The Cottage Hospital, the Hospital, and the Power House are located on Lots 26 – 31 of the Plan. Hope Terrace is located on Lots 21-25 of the Plan.

[7] The Property has been on the Municipal Register of Heritage Properties since 2003. On October 27, 2017, the Owner submitted an application to the Municipality to demolish structures on the Property. Around the same time, the Heritage Port Hope Advisory Committee (formerly the Port Hope Local Architectural Conservation Advisory Committee) (“Heritage Port Hope”), the municipal heritage advisory committee under the OHA, toured the Property and began to consider designation. However, Heritage Port Hope agreed to hold their recommendation “in abeyance” if the Owner withdrew its application to demolish, which it did.

[8] Between November 2017 and March 2018, Heritage Port Hope proceeded to consider the heritage value of the Property at a series of its meetings, culminating in a formal recommendation to Municipal Council on March 19, 2018, that it designate the

property under Part IV of the OHA. On April 11, 2018, Council unanimously passed a resolution in favour of designation; a NOID was published on April 19, 2018. The Owner and 94 others (“Objectors”) filed Notices of Objection and the matter was referred to the Review Board.

[9] The Review Board held a pre-hearing conference (“PHC”) in person at Port Hope on October 3, 2018. The Municipality and nine of the Objectors (Dan Baker, Melinda Brown, Ed Dhagwe, Julie Dickerson, Debra Gilmour, Colleen Haley, Kathy Hensgens, Joyce Prince and Loraine Wamboldt) attended. Three of the participants also attended: Anthony Jenkins, Bruce Bowden and Brian McLaughlin.

[10] The Review Board held a second PHC by telephone conference call on November 20, 2018. The Municipality, the Owner and two participants (Anthony Jenkins and Philip Goldsmith) attended.

[11] The Review Board issued a procedural order on December 20, 2018 setting the dates for the hearing as February 11-13, 2019 and setting dates for disclosure. The Review Board later issued directions extending the dates for disclosure and shortening the expected length of the hearing.

[12] The hearing was convened on February 11, 2019 in the Council Chambers at 56 Queen Street, Port Hope and concluded after one day. On the morning of the hearing, staff working for the Owner, the objector Dan Baker, legal counsel and witnesses for the Municipality, the participant Anthony Jenkins and the Review Board Panel Members conducted a brief site visit of the Property.

[13] At the hearing, the Municipality was represented by counsel Jennifer Savini, who called three witnesses: Sonia Tam, Heritage Planner for the Municipality; Theodora Merepeza, Planning Manager for the Municipality; and Phillip Carter, Heritage Architect. Mr. Carter was qualified by the Review Board as an expert witness on heritage

architecture. Three of the Objectors represented themselves and provided evidence and arguments at the hearing: Colleen Haley, Melinda Brown and Dan Baker. Four participants provided statements and were cross-examined: Anthony Jenkins, Bruce Bowden, Philip Goldsmith and Brian McLaughlin. Objector Kathy Hensgens participated by confirming the statement of Brian McLaughlin. Participant Bill McGill also confirmed the statement of Brian McLaughlin.

[14] The Owner, through its legal counsel Eric Davis, indicated at the outset that it would “not actively participate” in the hearing and indeed, it did not present any evidence or make any arguments at the hearing. However, an employee of the Owner attended the first PHC and the hearing as an “observer”, and Mr. Davis attended the second PHC. Although the other Objectors Ms. Haley, Mrs. Brown and Mr. Baker are also employees of the Owner, they did not purport to act on behalf of the Owner.

[15] The remaining 85 Objectors did not participate in the proceedings before the Review Board.

[16] The list of exhibits entered as evidence at the Hearing is attached as Appendix 2 to this Report.

## **ISSUE**

[17] Three issues are before the Review Board:

- a. Whether the Property has cultural heritage value or interest as prescribed by Ontario Regulation (“O. Reg.”) 9/06 and should therefore be designated under s. 29 of the OHA;
- b. What are the boundaries of the property for the purposes of the designation; and

- c. Which built assets on the Property should be included as heritage attributes in the designation.

## RELEVANT LEGISLATION AND REGULATION

[18] *Ontario Heritage Act*

### Definitions

1. In this Act, “heritage attributes” means, in relation to real property, and to the buildings and structures on the real property, the attributes of the property, buildings and structures that contribute to their cultural heritage value or interest;

...

### PART IV - CONSERVATION OF PROPERTY OF CULTURAL HERITAGE VALUE OR INTEREST

#### Definition

26. (1) In this Part, “property” means real property and includes all buildings and structures thereon.

#### Same

(2) In sections 27 to 34.4, “designated property” means property designated by a municipality under section 29.

#### Designation by municipal by-law

29. (1) The council of a municipality may, by by-law, designate a property within the municipality to be of cultural heritage value or interest if,

- (a) where criteria for determining whether property is of cultural heritage value or interest have been prescribed by regulation, the property meets the prescribed criteria; and
- (b) the designation is made in accordance with the process set out in this section.

...

#### Objection

(5) A person who objects to a proposed designation shall, within thirty days after the date of publication of the notice of intention, serve on the clerk of the municipality a notice of objection setting out the reason for the objection and all relevant facts.

...

**Referral to Review Board**

(7) Where a notice of objection has been served under subsection (5), the council shall, upon expiration of the thirty-day period under subsection (4), refer the matter to the Review Board for a hearing and report.

**Report**

(12) Within thirty days after the conclusion of a hearing under subsection (8), the Review Board shall make a report to the council setting out its findings of fact, its recommendations as to whether or not the property should be designated under this Part and any information or knowledge used by it in reaching its recommendations, and the Review Board shall send a copy of its report to the other parties to the hearing.

...

**Decision of council**

(14) After considering the report under subsection (12), the council, without a further hearing,

- (a) shall,
  - (i) pass a by-law designating the property,
  - (ii) cause a copy of the by-law, together with a statement explaining the cultural heritage value or interest of the property and a description of the heritage attributes of the property,
    - (A) to be served on the owner of the property and on the Trust, and
    - (B) to be registered against the property affected in the proper land registry office, and
  - (iii) publish notice of the by-law in a newspaper having general circulation in the municipality; or
- (b) shall withdraw the notice of intention to designate the property by causing a notice of withdrawal,
  - (i) to be served on the owner of the property and on the Trust, and
  - (ii) to be published in a newspaper having general circulation in the municipality.

**Decision final**

(14.1) The decision of the council under subsection (14) is final.

[19] O. Reg. 9/06: Criteria for Determining Cultural Heritage Value or Interest

**Criteria**

1.(1) The criteria set out in subsection (2) are prescribed for the purposes of clause 29 (1) (a) of the Act. O. Reg. 9/06, s. 1 (1).

(2) A property may be designated under section 29 of the Act if it meets one or more of the following criteria for determining whether it is of cultural heritage value or interest:

1. The property has design value or physical value because it,
  - i. is a rare, unique, representative or early example of a style, type, expression, material or construction method,
  - ii. displays a high degree of craftsmanship or artistic merit, or
  - iii. demonstrates a high degree of technical or scientific achievement.
  
2. The property has historical value or associative value because it,
  - i. has direct associations with a theme, event, belief, person, activity, organization or institution that is significant to a community,
  - ii. yields, or has the potential to yield, information that contributes to an understanding of a community or culture, or
  - iii. demonstrates or reflects the work or ideas of an architect, artist, builder, designer or theorist who is significant to a community.
  
3. The property has contextual value because it,
  - i. is important in defining, maintaining or supporting the character of an area,
  - ii. is physically, functionally, visually or historically linked to its surroundings, or
  - iii. is a landmark.

**CASE FOR THE MUNICIPALITY**

[20] The Municipality submits that the Property should be designated under s. 29 of the OHA because it meets more than one of the criteria under O. Reg. 9/06. The Municipality argues that the Property has design or physical value under s. 1(2)1i and ii, historical or associative value under s. 1(2)2i, ii and iii, and contextual value under s. 1(2)3i and ii. Ms. Savini noted that “we are not here to comment on the importance of



long-term care – those are issues for Council to consider – but only to decide whether the criteria have been met. Council’s job is to consider the impact of the designation if the Review Board recommends that it proceed with designation.”

[21] With respect to boundaries, the Municipality submits that a designation by-law should be registered on title to the entire property (Lots 21 – 31, Smith Estate Plan, Port Hope) and the Cottage Hospital, the Hospital and the Power House would be described in the heritage attributes as having heritage value. The Municipality believes that Hope Street Terrace should not be included as a heritage attribute. The Municipality understands that a proposal to build any new facility anywhere on the Property should consider the potential impact on the heritage attributes of the Property.

[22] The Municipality submits that the heritage attributes of the designation should be those listed in the report prepared by its expert witness, Philip Carter, and appended here as Appendix 3.

[23] The Municipality’s first witness, Ms. Tam, has been the heritage planner for the Municipality since July 2017. She outlined the chronology of meetings and reports from July 2017 forwards. She is the author of the March 26, 2018 report on behalf of committee members recommending the Council resolution that would direct the clerk to publish the NOID.

[24] Regarding the boundaries for the designation, Ms. Tam testified that it is not uncommon for buildings without heritage value to be located on properties that are designated under Part IV of the OHA. If alterations were proposed to the long-term care facility building, which the Municipality does not consider having heritage value, the Municipality would require a Heritage Impact Statement so that it could consider the effect on the heritage value of the other buildings on the Property. The Municipality would also require a Heritage Impact Statement if the long-term care facility was on a separate and adjacent parcel to the other buildings.

[25] The Municipality's second witness, Ms. Merepeza, is the Planning Manager for the Municipality. Ms. Merepeza was present at the April 3, 2018 meeting of Municipal Council in place of Ms. Tam, and authored the report dated April 10, 2018. Her report recommended that Council either designate the property, or direct staff to work with the owner and Heritage Port Hope during the site plan review process to ensure that any new facility on the Property "recognizes the cultural heritage significance of the original 1916 hospital building". Council voted for the first option, to designate the property.

[26] The Municipality called a third witness, Mr. Carter, and sought to have him qualified as an expert. The Review Board confirmed Mr. Carter as an expert on heritage architecture. Mr. Carter is a registered architect in practice since 1972 and a member of the Ontario Association of Architects, the Royal Architectural Institute of Canada and the Canadian Association of Heritage Professionals. He holds a B. Arch. (University of Manitoba, 1964), and an M. Arch. and Master of City Planning (University of Pennsylvania, 1966). Mr. Carter has worked on the restoration or adaptive reuse of many heritage buildings of similar vintage to those on the Property, including the Port Hope Library and has authored 13 Heritage Conservation District studies. He was a member of Heritage Port Hope from 1986 to 2001, serving as Chair for six years, and again from 2013 onwards. In that role, he was involved with the creation of the Downtown Heritage Conservation District and wrote a number of Part IV designations. He has been a member of the Architectural Conservancy of Ontario ("ACO"), Port Hope Branch, since 1985, and has sat on the executive. As a member of ACO's Preservation Works program, he wrote a number of evaluations resulting in adaptive reuse projects. He has received a number of heritage awards. He has been qualified as an expert witness before the Review Board in other proceedings and has extensive knowledge of the OHA and O. Reg. 9/06.

[27] Mr. Carter testified that he, together with Deirdre Gardner, another member of Heritage Port Hope, wrote the Designation Report for the property that is attached to

Ms. Tam's report of March 26, 2018. In preparing the report, he visited the property, its neighbourhood, and other buildings in Port Hope that he considers similar in age and style (Central School; Dr. Hawkins School; and Dr. Powers School) and conducted archival research (Goad's Insurance Plan 1901 (rev. 1904)); photographs from the Port Hope Archives; W. Arnot Craik, *Port Hope Historical Sketches* (Port Hope: Williamson Press, 1901) and Isabel M. Humble, *A History of the Port Hope Hospital, 1911-1980* (n.d., n.p.).

[28] In Mr. Carter's opinion, three of the four buildings on the Property are worthy of designation: the Cottage Hospital, the Hospital and the Power House.

[29] Mr. Carter believes that the Property has design or physical value under s. 1 (2)1i of O. Reg. 9/06 because both the Hospital and the Power House are representative of the Classical Revival style of architecture as applied to institutional buildings. He testified that the Hospital was built in two or possibly three phases. He is not sure if it was built as a symmetrical building but believes it "was always intended to be symmetrical". He noted that the portico retains its original columns but the pediment had been changed to a peaked roof at an unknown date. He noted the large frieze encircling the building and referred to the round-arched window on the rear elevation as a "Palladian-style window" and "Palladian window with tracery" above the front entrance door. With respect to the Power House, he noted that the symmetry of its front façade had been "disturbed by the red vent", but that it retained a "Palladian-style double door", a "decorative frieze and dentil mouldings" as well as brick quoins.

[30] Mr. Carter also believes that the Property also has design or physical value under s. 1(2)1i of O. Reg. 9/06 because the Cottage Hospital is representative of a mid-19<sup>th</sup> century Victorian Italianate-style house. He noted the very large overhang.

[31] In Mr. Carter's opinion, the Property also has design or physical value under s. 1(2)1ii of O. Reg. 9/06 because both the Hospital and the Power House display a high degree of craftsmanship. He pointed out the brick masonry work of the Hospital, the corbelled brick at the base of the blind arches, the original columns and their current rotted condition, and the somewhat deteriorated but still intact frieze. On the Power House, he noted the brick arches and quoins, the "Palladian-style transom light" and the frieze with moldings and dentils, also noting that the presence of the vents takes away from the style. On cross-examination by Mrs. Brown as to the deviations in brick arches and the lack of uniformity in the size of quoin bricks, Mr. Carter replied that this might be true but did not affect his estimate of the high level of craftsmanship.

[32] It is Mr. Carter's opinion that the Property has historical or associative value under s. 1(2)2i and ii of O. Reg.9/06 because the Cottage Hospital is significant to the community as the first hospital in Port Hope. It was purchased with the intent of building a new hospital building. The Hospital is important because it was built to serve Northumberland County generally and specifically to serve soldiers returning from the First World War and was built with local funds. The porches at the rear of the building provided access to fresh air, which was believed to be important for recuperation. The hospital was unusual in hosting a nursing program in which the training was related to veterans' injuries.

[33] Mr. Carter also believes that the property has historical or associative value under s. 1(2)2iii of O. Reg. 9/06 because the Hospital and Power House are major works of James Augustus Ellis and his son Howard Ellis, who were responsible for other major buildings in Port Hope including the Port Hope High School (later Dr. Hawkins School) and the Central School on Pine Street (1912).

[34] In Mr. Carter's opinion, the Property has contextual value under s. 1(2)3i and ii of O. Reg. 9/06 because it is important in defining a prominent part of the east section of Port Hope, "is an integral part of this east-Port-Hope area" and is the nexus of the

community. He emphasized the proximity to Dr. Powers School, the large open space around the hospital, and the generous front yards. He also believes that the Property has contextual value under s. 1(2)3iii because both the Hospital and the complex of buildings as a whole are a landmark due to their size, formal Classical Revival style and residential location as well as their proximity to Dr. Powers School.

### **CASE FOR THE OBJECTORS: COLLEEN HALEY AND MELINDA BROWN**

[35] Ms. Haley and Mrs. Brown are employees of the Owner and work at the Property. They made a joint presentation: Mrs. Brown provided evidence in the form of a printed PowerPoint presentation and both Mrs. Brown and Ms. Haley provided opening and closing arguments and participated in cross-examination.

[36] Mrs. Brown described the origins of the Port Hope Hospital and the group of women who worked to establish the first hospital in Port Hope. She referred to the Cottage Hospital which opened in the former house at 65 Ward Street in 1913, the Hospital which followed it, and future plans for the development of Hope Street Terrace.

[37] Counsel for the Municipality objected to the remainder of Mrs. Brown's presentation as not relevant to the issues in this proceeding. The Review Board sustained the objection, on the basis that the Review Board does not have the jurisdiction to consider the potential future uses of the Property, the potential social or economic effects of designation on the community, or the condition of other designated properties in the community. While these may be valid concerns for the community, the Legislature has not given the Review Board the mandate under the OHA to consider them.

[38] In closing, Ms. Haley stated "we understand that there is historical value in the bricks and mortar, but there is historical value in the people that are there today that need their home. If the Property is designated, it will lead to huge changes in the lives of

the residents who live at 20 Hope Street. I am concerned that this is the end of long-term care in Port Hope. That is all going to change if the designation goes through.”

#### **CASE FOR THE OBJECTOR: DAN BAKER**

[39] Mr. Baker is employed by the Owner and works at the Property as “the maintenance man”. He has lived nearby on McCaul Street for 35 years and has been familiar with the Property his whole life.

[40] Mr. Baker testified that when he was young, the Property included a farm, orchard and garden and there were pigs, chickens and a cow on the site. His understanding from reading Isabel Humble’s account of the hospital history is that the Property was purchased in 1913 for \$12,000. In 1915, the 156<sup>th</sup> Battalion was training in the Town Park and the military expressed the need for a hospital to treat illnesses among the soldiers. The Cottage Hospital in the former house was inadequate to the task, and when funds became available, a new hospital was commissioned. Mr. Baker stated that according to Ms. Humble’s book, construction of the Hospital began in October 1915 and the building was ready to occupy nine months later, in the summer of 1916. An elevator was donated in 1917. Mr. Baker questioned the level of workmanship of the masonry, on the basis that “a good mason doesn’t lay bricks in winter”.

[41] Mr. Baker testified that within 10 years, the Hospital was found to be inadequate in size. A small addition was built at the back to house the boilers, with space for a laundry at the front. Mr. Baker further stated that Pep Pemberton, the town milkman, told him that a second extension at the rear was added in 1928-29.

[42] Mr. Baker stated that by the 1950s, the Municipality had decided to build a new hospital elsewhere. The Property was put up for sale in 1964 and sold in 1967-1968 for \$64,000 to serve as a long-term care facility. Hope Street Terrace was built as a long-

term care facility on the property in 1974 and the former hospital became a retirement residence.

[43] Mr. Baker testified that in his opinion as the maintenance man for the Property, “the buildings are worn out”. He believes that the workmanship of the brick masonry is not high quality, because “the joints are uneven and the mortar sticks out”.

## **PRESENTATIONS BY PARTICIPANTS**

### **Anthony Jenkins**

[44] Mr. Jenkins lives across the street from the Property. He spoke on behalf of himself and 10 others who live in the neighbourhood: David Connelly, Jenny Munro, Bernice Keating, Marielle Lambert, Will Lambert, David Broughton, Mary Jane Broughton, Colleen Bulger, Ken Burgin and Karen Rankin. All of these individuals support the designation of the Property. Mr. Jenkins stated on behalf of the group that the buildings on the Property “are a source of neighbourhood pride. They are of architectural merit and consistent with the character of our neighbourhoods. They are prominently located and important landmarks in the neighbourhood and larger community.”

[45] Mr. Jenkins testified that “the 1915 hospital was conceived, financed, and built by the citizens of Port Hope” and that this is and continues to be a source of civic pride. He characterized the construction of the Hospital as “a manifestation of this new Canadian Identity” because it was constructed for wartime use and provided care and comfort for veterans.

[46] Mr. Jenkins and those he represents “see and appreciate the architectural merit of the historical hospital buildings” and believe they contribute in an important way “to the substance and character” of their adjoining and surrounding neighbourhoods. They are “essential to the neighbourhoods’ strong “sense of place” and unquestionable authenticity”.

[47] Mr. Jenkins testified that the Cottage Hospital is an “excellent and well-preserved” example of “the modest, mid-nineteenth-century Ontario cottage” and is consistent with the scale and character of the residential neighbourhood. He characterized the Hope Street Terrace as an anomaly because of its size and mid-20<sup>th</sup> century institutional design and size.

[48] Mr. Jenkins stated that the Hospital is “an impressive and largely intact example of the Classical Revival architectural style”; it has “strong, clean lines, superior masonry work, and pleasing detail”. He noted that the Hospital is directly across the street from the Dr. Powers School building, built in 1927. Both buildings are similar in scale, style, high quality construction, and siting and function as “gateway buildings”.

[49] As part of his presentation, Mr. Jenkins referred to a letter from the Royal Canadian Legion (“Legion”) to the Municipality of Port Hope, dated July 25, 2018 and signed by the Legion’s Provincial President and the Chairman, Long Term Care. A copy of the letter was included with Mr. Jenkins’ witness statement and served on all parties in advance of the hearing. In the letter, the Legion refers to the Hospital treating “more than 200 WWI soldiers” and serving “as a significant recuperative centre for soldiers and veterans during and after the war.” It also refers to the Cottage Hospital “becoming a nursing school which provided the skills crucial to the war effort and to practice in the medical field”. The Legion expresses its support for “the ACO working with Southbridge Care Homes to keep the heritage of the Ward 65 Hospital buildings intact”.



**Bruce Bowden**

[50] Mr. Bowden is Vice-Chair of the Port Hope chapter of the ACO. He is a retired university administrator and a historian who taught public history.

[51] Mr. Bowden testified that planning for a Port Hope hospital began in 1912 when a local group purchased Colonel McLean's house on Hope Street and established a "cottage hospital". In 1916, a purpose-built hospital was built on the property with an additional wing built six or 12 years later. He referred to it as a "cultural reminder" of the transformation in health care taking place in Ontario at this time. In Mr. Bowden's opinion, there are very few extant properties in Ontario that can show us the changes in health care during this period in the way that the Property can. Mr. Bowden referred to 1916 as "the year that Canada began" as a nation. The Prime Minister's response to the Battle of the Somme was to "double down" on conscription, seek government funding through bonds, create the first income tax and ask for nursing volunteers. Significantly, the Hospital was completed that year, just in time for the war and the victims of gassing, and for the influenza epidemic that followed the war. Mr. Bowden believes that the building of a hospital is a unique occurrence and deserves to be in the public memory; the OHA invites us to create a public memory by preserving the physical building.

[52] Mr. Bowden also spoke about the importance of a having a local hospital at a time when roads were still largely impassable to cars – Ward and Hope streets became an important destination in Port Hope.

[53] Mr. Bowden testified that the war developed a local nursing profession for Port Hope's students. The Cottage Hospital was used as a nursing residence and several nurses went on to further training at Women's College Hospital in Toronto.

[54] Mr. Bowden stated that Heritage Port Hope believes that this site deserves to be a National Historic Site, because it is “one of the few hospital sites that remain intact”. Its physical limitations are instructive rather than restrictive. The continuum of service and nursing care on the site are important.

[55] Mr. Bowden advised the Review Board: “Designation doesn’t pickle the building. Designation is all about the future. History is a conversation – we are always going back to it to ask questions of the past. If you take away our visible evidence, then you damage that conversation.”

### **Philip Goldsmith**

[56] Mr. Goldsmith has practised as an architect since 1985 and has extensive experience and qualifications in heritage conservation. He is a member of the ACO, the Ontario Association of Architects, the Royal Architectural Institute of Canada, the Canadian Association of Heritage Professionals, Association for Preservation Technology International and ICOMOS Canada. He has degrees in architecture and environmental studies and was involved in heritage conservation projects in Toronto at the National Ballet School, Fort York, Black Creek, Toronto Brickworks and at Thistle Ha’ Farm, Pickering. He is a resident of Port Hope and owns two houses on Hope Street.

[57] Mr. Goldsmith has been a member of Heritage Port Hope since the 1990s and was involved in preparing the designation for the Property.

[58] He testified that the property has design or physical value because there is currently no hospital in Port Hope and “these buildings therefore are all that remains of our significant Hospital legacy”. He believes that the Hospital and Power House are “good examples” of the Classical Revival style because “they are well built simple structures with notable classical revival features.” These features include “an elegant

classical doorway with a central door, glazed sidelights and an elliptical arched glazed transom.” Although some features such as the wood cornice and porch are “deteriorated” or “altered”, the bulk of the building’s brick exterior is “complete and unaltered”. He noted that “this is one of only a handful of Classical Revival buildings in Port Hope and the only one which is a hospital.” He believes that “for the period of construction and the challenges of the day, the construction of the hospital was a major achievement for a small community”, rivalling similar buildings in much larger Ontario communities.

[59] He believes that there is nothing wrong with the style of the Hospital: it is almost unique in Ontario because so many of the early hospitals have been altered or demolished. It could be restored.

[60] Mr. Goldsmith believes that the property has historical or associative value because “it changed our social investment in our town”, by providing hospital services to local residents and war veterans. “Port Hope’s ongoing support of its hospital became a defining attribute of this community”. He characterized the establishment of the Cottage Hospital as a “mistake” on the part of town leaders, who soon realized that a larger, more modern hospital was required and engaged in a fund-raising campaign to build the Hospital in 1916 and convert the Cottage Hospital to a nurses’ residence.

[61] Mr. Goldsmith stated that the Hospital was designed by the architectural firm of Ellis & Ellis: James Augustus Ellis and his son Howard Ellis. He believes that James Augustus Ellis “was an important and prolific Ontario practitioner and that it is a “good example” of his work in the Classical Revival style”. Ellis also designed the Port Hope High School on Pine Street, in partnership with William Connery. He noted that Ellis & Ellis were the architects for the Manhattan Apartments, Toronto, on which there is a heritage easement.

[62] He testified that the Property is located at an important nexus in Port Hope, the intersection of Ward and Hope streets: Ward Street links Trinity College School to the historic downtown; Hope Street connects areas of Port Hope to Highway 2 and the waterfront. Together with the Dr. Powers School on the opposite side of Ward Street, it functions as a landmark at this important corner.

[63] With respect to the heritage attributes of the Property, Mr. Goldsmith recommended that these include the location of the buildings and lawns on the site. For the Cottage Hospital, he recommended that heritage attributes include its two-storey height, pitched roof, house form, regular grid of window openings on Hope Street, single doorway with side lights and transom, punched windows on other elevations, and single storey porch with pitched roof.

[64] For the Hospital, Mr. Goldsmith recommended that heritage attributes include the scale and form of the Hospital, 2.5-storeys in height with a flat roof, and its exterior design, including: “the classical front entrance, stair, portico, classic wood and columns”; the “wide front door with sidelights and elliptical transom with elaborate window mullions and muntins”; the exterior brickwork with quoins, arches, corbelling, voussoirs and the entrance arch; and the wood, six-over-six, double-hung windows. He also recommended identifying heritage attributes on the interior, including the main lobby and surviving original light fixtures.

### **Brian McLaughlin**

[65] Mr. McLaughlin lives in Hope Street Terrace. He agreed that “everything people have said is true, the Property is special”. For him, the value of the property lies in its continuous delivery of health care and the importance of continuing that history. He noted that none of the parties or participants had found associative value in Hope Street Terrace: “my building has been washed over because it looks institutional”.

[66] On cross-examination by the Municipality, Mr. McLaughlin agreed that he is not disputing the history of the Property, but he is disputing whether the criteria of O. Reg. 9/06 have been met. His concern is about a building's usefulness in life – its value is insignificant. He believes that the value of the Property is in health care, because “tons of wonderful things went on there”. On cross-examination by one of the Objectors, Mrs. Brown, who asked “Why are you here?”, Mr. McLaughlin stated “I’m here to voice my opinion.”

[67] Mr. McLaughlin spoke on behalf of two other residents of Hope Street Terrace. He did not have a signed Form 1, but each resident subsequently confirmed, *viva voce*, that he spoke for them. These residents are:

- Kathy Hensgens, who stated further: “I really disagree with the heritage designation because it would take away from us what we deserve.”
- Bill McGill, who is also president of the residents’ association.

## **ANALYSIS**

[68] The background history of the Cottage Hospital, the Hospital, and the Power Building does not appear to be in dispute; certainly, the Objectors raised no arguments or supplied any evidence to disprove such background. The original Cottage Hospital was built c. 1865 and acquired in 1911 to serve as the first hospital in the town. The Hospital was built in 1915-1916 with subsequent additions during the 1920s. The Power House was built to provide power and heat for the main hospital and was built in a similar style. The Cottage Hospital was a temporary acquisition during the design, fundraising, and building of the Hospital and later served, *inter alia*, as administrative space and nursing accommodations. The Property was sold in the 1950s and used for a variety of functions thereafter.

[69] The Municipality's position regarding designation is sweeping: it claims that the property meets all three criteria set out in O. Reg. 9/06. The Objectors' position is less clear. They did not specifically refute the historic and associative value and contextual value of the property; indeed, in many cases their evidence helped establish such criteria. Nor did they entirely refute the design or physical value of the Buildings on the property. Mr. Baker argued, however, that the Hospital lacked craftsmanship owing to the speed of construction and the way the bricks and mortar were prepared and set. Unfortunately, Mr. Baker was not qualified as an expert on such matters and little weight may be given to such evidence. Furthermore, such evidence was refuted by other witnesses, which went unchallenged.

### **Criterion 1: Design or Physical Value**

***Does the property have design or physical value because it is a rare, unique, representative, or early example of a style, type or expression, material, or construction method? (s. 1(2)1i)***

[70] The Municipality's position, as demonstrated by the testimony of Mr. Carter, is that the Hospital and Power House are representative of "the Classical Revival style applied to institutional buildings", and that the Cottage Hospital is "representative of a mid-19<sup>th</sup> Century Victorian Italianate style". To be representative of a style or type, the Review Board considers that the proponent should first describe the benchmark characteristics of a recognized style or type within the context of architectural history, and then provide evidence as to how the present example meets or is typical of that benchmark. Several classically inspired revival styles were prevalent in the first few decades of the 20<sup>th</sup> century, including the Beaux-Arts style, the Edwardian Classical style, the Modern Classical style and the Georgian Revival style. Each had their own characteristics and approach to using classical elements, varying in form, scale, decorative program, surface treatment and materials. Classical styles were also employed during the early 19<sup>th</sup> century in Canada: Palladian, Neoclassical, and Italianate. When Mr. Carter refers to "the Classical Revival style of architecture applied

to institutional buildings”, to which style does he refer? What are the characteristics that distinguish that style from others? In what ways are the building in their current condition, typical of the style? All of these components are necessary in order to determine the extent to which each building conforms to the expected elements of the style.

[71] The Review Board finds that Mr. Carter has not provided appropriate evidence for the Review Board to determine the parameters of the “Classical Revival style of architecture applied to institutional buildings” and whether the Hospital and Power House are representative of that style. Mr. Carter’s listing of elements found on each building, without an architectural context, is not sufficient to reach a conclusion with respect to this criterion.

[72] In addition, the Review Board is concerned that subsequent alterations have rendered both the Hospital and the Power House no longer representative of any style. Both Mr. Carter and Mr. Goldsmith stated that the Hospital and Power House have been altered from their as-built condition. It is unclear whether the Hospital was built symmetrically, and the extent to which it was altered by later additions. Important features of the Hospital such as the portico and the frieze have been altered or deteriorated. The formal façade and round-arched openings of the Power House have been altered by the insertion of vents. A more fulsome explanation of the style characteristics might have made it possible to assess the extent to which these alterations have compromised the style.

[73] With respect to the Cottage Hospital, the Review Board has not been presented with sufficient evidence to find that the building is representative of the Italianate style. Some basic elements of the domestic form of the Italianate style are evident here, particularly the low-pitched roof, elongated windows, and a porch. However, there is little evidence of the style’s controlled ornateness, or decorative brackets (an undated,

historic photograph shows only simple brackets). In its current form, the house can hardly be described as representative.

[74] With respect to all three buildings, there is insufficient evidence to make a recommendation for designation under this criterion.

***Does the property have design or physical value because it displays a high degree of craftsmanship or artistic merit? (s. 1(2)1i)***

[75] The Municipality's position is that the Hospital and Power House display a high degree of craftsmanship.

[76] The question of what constitutes craftsmanship under this criterion is not defined in the OHA. The Oxford English Dictionary defines it as "skill in a particular craft." In the context of O. Reg. 9/06, the proponent must show that a building demonstrates a high degree of skill in a particular craft in relationship to the construction of the building. In other words, design and architectural decisions are not relevant to this criterion. Rather, did the craftspeople (masons, carpenters, glaziers, etc.) execute the design with a high degree of skill?

[77] Mr. Carter notes the arched brickwork, voussoirs, corbelled brick, brick corner quoins, flat-roofed portico, and classically inspired mouldings including dentils, but does not provide details of the craft or skill involved in their creation. The Review Board considers that the existence of such features demonstrates architectural style and taste, but not necessarily the skill of the craftspeople who executed on that design.

[78] As referenced above, Mr. Baker suggests that the brickwork was poorly done but such evidence necessarily carries little weight.



[79] In any event, the Review Board has little evidence before it on the degree of skill executed by craftspeople working on the Hospital and Power House and can make no recommendation in relation to this criterion.

## **Criterion 2: Historical or Associative Value**

***Does the property have historical or associative value because it has direct associations with a theme, event, belief, person, activity, organisation or institution that is significant to the community? (s. 1(2)2i)***

[80] On the evidence before it, the Review Board finds that the Property has historical or associative value because it has direct associations with a theme or activity that is significant to the community. The Review Board finds that the Property is directly associated with several themes from the first half of the 20<sup>th</sup> century: the history and development of Port Hope; the history of health care in Port Hope; the evolution of health care in Ontario; and the history of nursing and nursing training in Ontario. It is also associated with the activity of health care provision during the First World War, including the treatment of injured soldiers and veterans and the Spanish Flu epidemic.

[81] The Municipality, the Objectors, and some of the participants spoke movingly of the importance of this Property and the buildings on it as they relate to the history and development of Port Hope.

[82] All of the parties and participants also spoke to the role of this site in the evolution of health care in Port Hope and in Ontario generally, a point made several times by objectors Mrs. Brown and Ms. Haley and participant Mr. McLaughlin. Indeed, the existence of both the Cottage Hospital and the Hospital, on the same site, clearly demonstrates this evolution. That both survive, and are found together, is significant.

[83] The Review Board notes that the Legion also supports the designation since this hospital played a key recuperative role in the health of soldiers and veterans of the First World War. Other than Mr. McLaughlin, who touched on it indirectly, no one spoke of the connection of Hope Street Terrace to this ongoing story of the evolution of health care, locally, provincially, and nationally. The Objectors spoke of the importance of the Hope Street building as a community as well. Regrettably, no evidence was specifically provided to show whether Hope Street Terrace also contributed to heritage value.

[84] As the Review Board in *Faghani v. Toronto (City)*, 2018 CanLII 37799 (ON CONRB), noted: “the definition of ‘community’ is fluid and can be expanded, contracted, or specialized depending on the circumstances.” In this case, the Property is directly associated with themes that are significant to the Municipality but also at a provincial or even national level. It is also important to the community of veterans as demonstrated by the Legion’s support for designation.

[85] The Review Board is satisfied that the property does have important historical or associative value because of its direct associations with these themes and activities and therefore recommends designation under this criterion.

***Does the property have historical or associative value because it yields, or has the potential to yield, information that contributes to an understanding of a community or culture? (s. 1(2)2ii)***

[86] The Municipality raised this criterion but did not make any submissions with respect to it. However, the Review Board finds that the Property does have historical or associative value because it yields information that contributes to an understanding of a community or culture. The presence of both the Cottage Hospital and the Hospital on the same site provides evidence that contributes to an understanding of the community of Port Hope and the provision of health care services in early to mid-20<sup>th</sup> century, first in a small, cottage-sized hospital, and then in a larger, modern institution. Mr. Bowden

referred to the “continuum of service and nursing care on the site” and the importance of the site as visible, scientific evidence of past practices.

***Does the property have historical or associative value because it demonstrates or reflects the work or ideas of an architect, artist, builder, designer, or theorist who is significant to a community? (s. 1(2)2iii)***

[87] The Municipality’s position is that the Hospital and Power House are major works of the architects Ellis & Ellis, who were significant because of their connections with Port Hope and because the elder Ellis had designed other institutional buildings in Port Hope. Both Mr. Carter and Mr. Goldsmith testified to this effect but neither provided a source for the attribution to Ellis & Ellis. The Review Board does not dispute that James Augustus Ellis, senior partner of Ellis & Ellis, had strong ties to Port Hope and designed other local buildings. However, the Review Board is not convinced that the Hospital was designed by Ellis & Ellis.

[88] The *Biographical Dictionary of Architects in Canada* (“BDAC”) (Robert Hill, online), is one of the most important scholarly references for information on Canadian architects. The BDAC notes that the Toronto firm of Ellis & Ellis designed an addition to the Hospital in 1921, but does not record a designer for the Hospital itself. The BDAC notes more than 100 works designed by James Augustus Ellis, including Pine Street High School, Port Hope (1896); almost 50 works by Ellis in partnership with William Connery, including Central Public School, Pine Street, Port Hope (1911-12) and the hockey rink for Trinity College School, Port Hope (1911); and at least 18 other works by Ellis & Ellis in Ontario.

[89] However, a 1911 article in local Port Hope newspaper refers to the Hospital architects as “Prach[sic] & Perrine, architects and engineers, of Hamilton” (“Public Hospital Meeting”, *The Evening Guide*, 29 April 1911). The BDAC notes that American industrial architects and engineers Bernard Herman Prack and Ren B. Perrine opened an office in Hamilton in 1911 and completed more than 20 commissions for industrial

buildings, until Perrine left the firm in 1917. The BDAC does not list the Hospital Building. Further research would be needed to confirm whether Prack & Perrine are indeed the architects of the Hospital and to ascertain their significance in Port Hope.

[90] The Review Board finds that the Municipality has not provided sufficient evidence to support this criterion. The Review Board strongly recommends that the Municipality conduct further research to confirm the architects of the Property and their significance in relation to Port Hope.

### **Criterion 3: Contextual Value**

***The property has contextual value because it is important in defining, keeping, and supporting the character of an area (s. 1(2)3i)***

[91] The Municipality argues that the property is linked to a broader precinct in Port Hope. Indeed, Mr. Carter describes the area as a “campus-like complex” that links the historic downtown, on a major east-west arterial street, to Trinity College School and the town’s fairgrounds in the east, giving it a processional significance. There are links to Central Public School and Pine Street School, with Central Public School facing the Hospital and reflecting similar design elements.

[92] On the other hand, the immediate vicinity, excluding the school, appears to be an area of mixed housing of various ages and styles. Thus, it is difficult to discern how the property defines, keeps or supports the character of the area.

[93] The Review Board finds that this criterion has not been met.

***The Property has contextual value because it is physically, functionally, visually, or historically linked to its surroundings. (s. 1(2)3ii)***

[94] While the Property has some physical and visual links to its surroundings and stylistic and architectural links to the school across the road, these seem tenuous at best. The Review Board finds that this criterion has not been met.

***The Property has contextual value because it is a landmark (s.1(2)3iii)***

[95] The Municipality argues that the property functions as a landmark. In *Qureshi v. Mississauga (City)*, 2015 CanLII 99223 (ON CONRB), the Review Board considered what a landmark means in the context of O. Reg. 9/06 and determined that it means a “landmark in the context of its community.”

[96] In this case, the Review Board heard much testimony to support the idea that the Property functions as both a symbolic and geographic landmark in the Port Hope community. The Hospital is a large and commanding presence on an important arterial road, it has generous setbacks and its large, institutional design is surrounded by much smaller residential buildings. It would even seem to be a symbolic landmark for veterans as demonstrated by the support for designation of the Royal Canadian Legion.

[97] The Review Board is satisfied that the criterion for landmark has been met.

## **BOUNDARIES**

[98] There was some discussion, both at the PHCs and at the hearing itself, about the boundaries of the designation *vis-à-vis* the Property. The wording of the NOID suggests that the Municipality is only seeking to designate a property parcel comprising Lots 26-31, on which the Hospital, Cottage Hospital and Power House sit, and to exclude Lots 21-25 on which Hope Street Terrace sits. While this option is available to the

Municipality, it would necessitate severing the existing property parcel. However, at the hearing, the Municipality clarified that it is seeking to designate the entire existing parcel, including Lots 21-31.

[99] It is important to note that a designating by-law under s. 29 of the OHA attaches to the entire real property parcel and includes all of the buildings and structures on the property. However, it is the heritage attributes listed in the designating by-law that will determine what must be protected in order to conserve the heritage value of the property. The OHA defines heritage attributes “in relation to real property, and to the buildings and structures on the real property, the attributes of the property, buildings and structures that contribute to their cultural heritage value or interest.”

[100] The Review Board strongly recommends that the designating by-law be reworded to confirm that the designation includes the entire existing parcel, but that the heritage attributes concern only the buildings and spaces on Lots 26-31.

## **HERITAGE ATTRIBUTES**

[101] The Review Board strongly recommends that the Heritage Attributes be reworded to reflect the Review Board recommendations above, as follows.

1. As a result of the Review Board’s findings on the historical and associative value and on contextual value, the Review Board recommends that the following attributes be added:
  - a. The physical relationship between the three Buildings and their orientation on the site;
  - b. The important viewscales of the three buildings from the exterior of the property, including the setback and expansive lawns.

2. Regarding the Hospital, the Review Board recommends that its heritage attributes be modified as follows:
  - a. Remove the references to features which are no longer there such as the balcony. An extinct feature cannot be a heritage attribute.
  - b. Remove the references to Classical Revival style;
  - c. Remove the references to Palladian windows, as there are none on this building. A Palladian window is a tripartite window with a taller, round-arched panel flanked by shorter, flat-arched panels on either side. Single, round-arched windows and elliptical windows are not Palladian windows.
  - d. Remove the references to finely crafted brickwork.
  - e. References to fenestration should be revised to clarify that it refers only to surviving fenestration.
  - f. Add a more fulsome description of the building's exterior, including its scale and form, the placement of window and door openings, surviving remnants of the rear porches and the ornamental frieze.
  
3. Regarding the Power House, the Review Board recommends that its heritage attributes be modified as follows:
  - a. Remove the references to Palladian windows, as noted above.
  - b. Remove the references to finely crafted brickwork.
  
4. Regarding the Cottage Hospital, the Review Board recommends that its heritage attributes be modified as follows:
  - a. Remove the reference to late-19<sup>th</sup> century and replace it with a description in keeping with its c. 1865 construction date.

**SUMMARY AND RECOMMENDATIONS**

[102] Having considered the evidence and submissions at the hearing, and for the reasons set out above, the Review Board recommends that the Property be designated under s. 29 of the OHA.

*“Daniel Nelson”*

DANIEL NELSON  
MEMBER

*“Laurie Smith”*

LAURIE SMITH  
VICE-CHAIR

If there is an attachment referred to in this document,  
please visit [www.elto.gov.on.ca](http://www.elto.gov.on.ca) to view the attachment in PDF format.

**Conservation Review Board**

A constituent tribunal of Tribunals Ontario - Environment and Land Division  
Website: [www.elto.gov.on.ca](http://www.elto.gov.on.ca) Telephone: 416-212-6349 Toll Free: 1-866-448-2248



## Appendix 1 – Objector List

- |     |                    |     |                                 |
|-----|--------------------|-----|---------------------------------|
| 1.  | Dan Baker          | 50. | Jean Howard                     |
| 2.  | Gayle Baker        | 51. | Carl Ireland                    |
| 3.  | Kathy Banville     | 52. | Robert Kidd                     |
| 4.  | April Beckett      | 53. | Joyce Marcheal                  |
| 5.  | Bryan Birks        | 54. | Matthew Marcuz                  |
| 6.  | Elizabeth Birks    | 55. | Samantha Marcuz                 |
| 7.  | Rhonda Bisset      | 56. | Russell May                     |
| 8.  | Michelle Boundy    | 57. | Audrey McEwan                   |
| 9.  | Melinda Brown      | 58. | Bill McGill                     |
| 10. | Ed Brush           | 59. | Sandra D. McGill                |
| 11. | Ainsley Brush      | 60. | Darlene McGuinness              |
| 12. | Brad Bull          | 61. | Janice McHolm                   |
| 13. | John Bull          | 62. | Mary McKay                      |
| 14. | Elaine Cadeau      | 63. | Micky McKinnon                  |
| 15. | Sherri Callaghan   | 64. | Erin McLaughlin                 |
| 16. | Catherine Chadwick | 65. | Corrie McLeod                   |
| 17. | Deborah Clark      | 66. | Supathini Nagalingam            |
| 18. | Judith Copeland    | 67. | Jessica Nelson                  |
| 19. | Mike Corbett       | 68. | Heather O'Brien                 |
| 20. | Liane Covert       | 69. | Occupant                        |
| 21. | Stephen Covert     | 70. | Occupant                        |
| 22. | L.A. Cressey       | 71. | Rose Olsen                      |
| 23. | Mary Daly          | 72. | Aleksandra Picleri              |
| 24. | Vern Davies        | 73. | Joyce Prince                    |
| 25. | Jennifer Dean      | 74. | Evelyn E.J. Rawlingson          |
| 26. | Chelsey Derkx      | 75. | Courtney Ried                   |
| 27. | J. Derkx           | 76. | Nigel Roberts                   |
| 28. | Sherry Derkx       | 77. | Lindsay Sanders                 |
| 29. | Ed Dhagwe          | 78. | Patricia Sexsmith               |
| 30. | Julie Dickerson    | 79. | Jane Smith                      |
| 31. | Janis Dittmer      | 80. | Suzanne Speckart                |
| 32. | Albert Dobrini     | 81. | Amanda Stewardson               |
| 33. | Nancy Doughty      | 82. | Sandra Tinney                   |
| 34. | Shirley Egelson    | 83. | Lydia Tomasi                    |
| 35. | Marilyn Finbow     | 84. | Austin Tucker                   |
| 36. | Blair Fraser       | 85. | David Turck                     |
| 37. | Dianne Fraser      | 86. | Joe Vaid                        |
| 38. | Brad Gerhardt      | 87. | Narcisa Vallecera               |
| 39. | Caroline Gilmour   | 88. | Jem Valles                      |
| 40. | Debra Gilmour      | 89. | Marie Von Wagner                |
| 41. | Diane Gilmour      | 90. | Loraine Wamboldt                |
| 42. | Chantal Giroux     | 91. | Janet Watts                     |
| 43. | Becky Groves       | 92. | Brian R. Wice                   |
| 44. | Colleen M. Haley   | 93. | Margaret Wice                   |
| 45. | Nicole Haslam      | 94. | Marion Wilson                   |
| 46. | Dave Heber         | 95. | Southbridge Health Care GP Inc. |
| 47. | Kathy Hensgens     |     |                                 |
| 48. | Lisa Hensgens      |     |                                 |
| 49. | Sarah Hensgens     |     |                                 |

## Exhibits List

Exhibit No.	Nature of Exhibit and description	Filed By:
1	Statement of Service (noting that Notice of Hearing was served on the parties and directed public notice according to the Rules and the Act)	Conservation Review Board
2	Statement of Service of Public Notice of Hearing served by the Municipality of Port Hope	Municipality of Port Hope
3	Municipality of Port Hope Document Book	Municipality of Port Hope
4	Objectors' Printed Powerpoint Document	Melinda Brown and Colleen Haley
5	Participant's Statement	Anthony Jenkins
6	Participant's Statement	Bruce Bowden
7	Participant's Statement	Philip Goldsmith

### Proposed Heritage Attributes from Mr. Carter's report

For the Port Hope Hospital:

- designed in the Classical Revival style popular in the early 20<sup>th</sup> century for institutional architecture;
- distinctive plan, three-storey red-brick structure with a lower floor partially below-grade;
- classically detailed front entrance with a broad stair leading to a portico, supported by six Ionic style wood columns originally supporting a balcony;
- Single wide front door flanked by sidelights with delicate elaborate tracery and, above the door, Classically inspired Palladian, elliptically-shaped window with radiating muntins;
- The finely crafted brickwork exhibiting masonry skill including the quoins, arches, corbelled brick detail, voussoirs and brick arch over the window of the front entrance;
- All fenestration including the wood 6 over 6 double hung windows with sash cord and counterweight mechanisms.

For the Power House:

- Designed in the Classical Revival style popular in the early 20<sup>th</sup> century for institutional architecture and matching the style of the main building;
- Distinctive square plan, one-storey red-brick structure;
- Classically detailed with entablature and frieze;
- Main entrance double wood door with Classically inspired Palladian half-round window;
- The finely crafted brickwork exhibiting masonry skill including the elegant brick arched openings, detailed brick quoins and stone keystones.

For the original hospital (1865):

- Designed in a late Victorian Italianate style popular in later 19<sup>th</sup> century for substantial residential buildings;
- Distinctive plan, three-bay, two-storey, red-brick house with a two-storey, red-brick kitchen tail with gable roof;
- Cottage-style roof with large overhangs typical of the Italianate style;
- Single-wide front door with transom light with front porch supported on slender columns;
- All fenestration including the 6 over 6 wood windows excluding the modern Venetian style window on the north façade.