Heritage Impact Assessment – Conservation Management Plan Lambert House 11 Mabel Bruce Way, Clarington (Bowmanville), Ontario

Prepared for:

Lakeridge Health Corporation

Prepared By:

Vincent J. Santamaura, Architect Inc.
06 September 2024
Project No. 2024-01

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1.0 Executive Summary

The property at 47 Liberty Street South is the home of the Lakeridge Health Hospital campus in the Town of Clarington (originally known as the Bowmanville Hospital). It has been providing health services to the community for over 100 years. The hospital is planning to build a new facility and renovate existing facilities in order to provide the best of care to the local community.

The building at 11 Mabel Bruce Way (formerly Lambert Street) sits on the Hospital's campus and has been identified as having potential heritage value. It has been listed on the Town of Clarington's Inventory of Heritage Properties since 2018. As such, a Heritage Impact Assessment is required to be prepared to assess the impact of the new hospital's design proposal on the Heritage value of the existing building on the site.

The building on the site, known as the Lambert House, formerly known as the Nurses' Residence, was opened in 1926 and it has been in continuous use – first as a nurses' training facility/residence until 1941, then as a Durham Regional Health Unit office, and currently as the offices for the Bowmanville Hospital Foundation. It has always been associated with the Hospital on the site.

Lakeridge Health has retained Vincent J. Santamaura, Architect Inc., CAHP to prepare the Heritage Impact Assessment (HIA), and a Conservation Management Plan (CMP), as required under the Terms of Reference of the Town of Clarington's Heritage Department.

Having performed an Heirtage Impact Assessment with respect to the proposed new hospital design and its impact on the Lambert House located at 11 Mabel Bruce Way, Clarington (Bowmanville), it is recommended that:

i) the Lambert House possesses sufficient Design and/or Physical heritage value and Associative and/or Historical heritage value to qualify for Designation under the Ontario Heritage Act;

ii) the Conservation Management Plan prepared by Vincent J. Santamaura, Architect Inc. be executed which includes:

- **a. Phase 1: the re-location of the Lambert House elsewhere on the Hospital property and mothballing;**
- **b. Phase 2: the restoration of the exterior elevations and building envelope to maintain its Heritage attributes; and a building shell renovation to upgrade the building to current building standards;**

iii) following the re-location and restoration and completion of the hospital construction, the Lambert House be Designated under Part IV of the Ontario Heritage Act;

iv) for occupancy of the Lambert House, internal tenant fit out alterations be permitted to be undertaken under separate permits (Phase 3);

v) the proposed Conservation Management Plan will have no negative impact on the Heritage value of the Lambert House, and

vi) this report be received and recommended for approval.

2.0 Introduction

2.1 Guiding Principles

The property at 47 Liberty Street South is the home of the Lakeridge Health Hospital campus in the Town of Clarington (originally know as the Bowmanville Hospital). It has been providing health services to the community for over 100 years. The hospital is planning to build a facility and renovate part of its existing facilities in order to provide the best of care to the local community.

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Lakeridge Health has retained Vincent J. Santamaura, Architect Inc., CAHP to prepare the Heritage Impact Assessment, and a Conservation Management Plan, as required. While the Hospital plays an important role in Town life, this assessment will focus on solely on the Lambert House/Nurses' Residence.

2.2 Associated Documents

This Heritage Impact Assessment (HIA) has been with regard to the following governing documents:

- Provincial Policy Statement
- The Ontario Heritage Act, R.S.O. c.18
- Park Canada's Standards and Guidelines for the Conservation of Historic Places in Canada 2nd Edition, 2010,
- Ministry of Tourism, Culture and Sport's Ontario Heritage Toolkit - Heritage Property Evaluation section, 2006,
- Ministry of Tourism, Culture and Sport's Eight Guiding Principles in the
- Conservation of Built Heritage Properties 2007,
- The Durham Official Plan
- The Clarington Official Plan
- The Ontario Building Code 2012
- Heritage Impact Statement Terms of Reference, Municipality of Clarington,

3.0 Present Owner Contact Information:

Lakeridge Health Corporation
850 Champlain Avenue, Oshawa, Ontario. L1J 8R

4.0 Site Documentation

4.1 Site Inventory

4.1.1 Site Location

The Lakeridge Health Bowmanville (LHB) hospital campus comprises the block bounded by Queen Street to the north, Liberty Street to the west, Prince Street to the south, and detached residences which front onto Frank Street to the east.

The LHB property was originally the estate of Hector Beith, a longtime landowner. Named “South Park”, the estate was purchased by J.W. Alexander, the president of the Dominion Organ and Piano Company, and then donated to become the Hospital in 1913. The site is located centrally in the Town, one block south of the main intersection of King and Liberty streets.

4.1.1.A – Aerial Photograph – Site (note: tree along Queen St. frontage has been removed.)

4.1.1.B – Aerial Photograph 2 (note: tree along Queen St. frontage has been removed.)

4.1.2 Site Identification:

The parcel of land consists of an assembly of lots defined as:

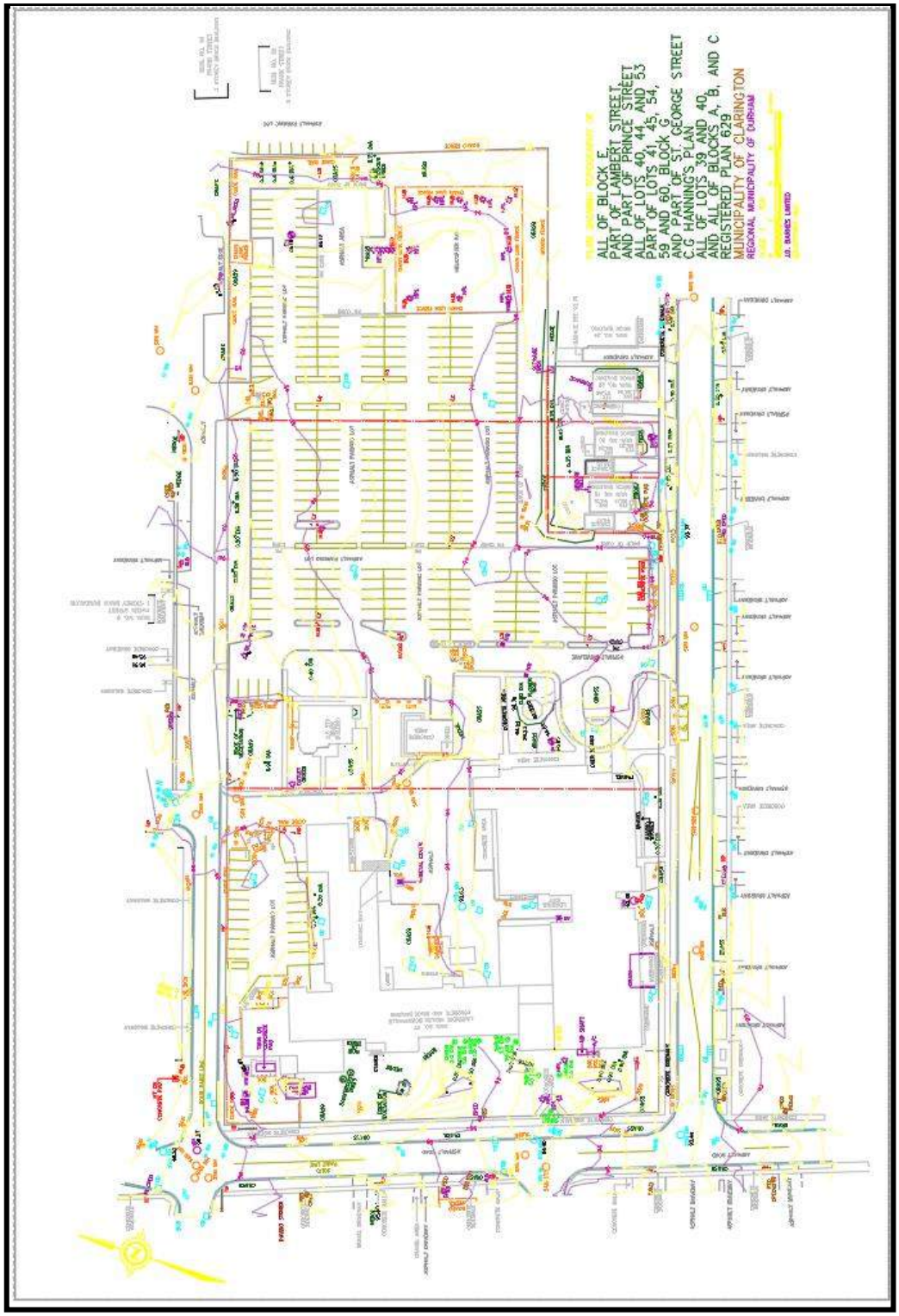
Block E, Block G, Lots 40, 44 and 53 and
Part of Lots 41, 45, 54, 59, and 60 and Block G, and
Part of Prince Street, George Street and Lambert Street,
C.G. Hanning's Plan, and
Lots 1, 2, 3, 39 and 40, and Blocks A, B, and C,
Registered M-Plan 629
Municipality of Clarington,
County of Northumberland

The lot is addressed as:

47 Liberty Street South, and 11 Mabel Bruce Way (formerly 11 Lambert Street)

Tax Roll Number: 18 17 020 110 09901 0000

4.1.3 Site Survey



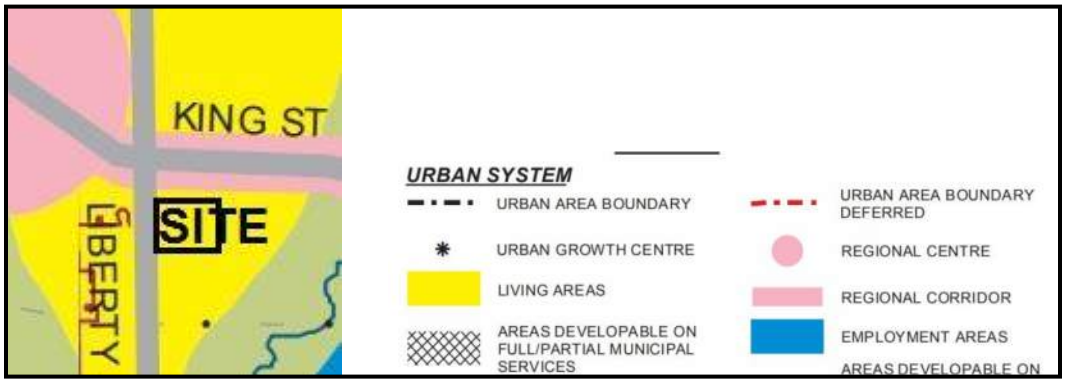
4.1.3.A – Survey

4.1.4 Current Applicable Designations:

The Legislation and Authorities Having Jurisdiction below may override heritage concerns and recommendations included this Heritage Impact Statement. The lot is currently designated as follows:

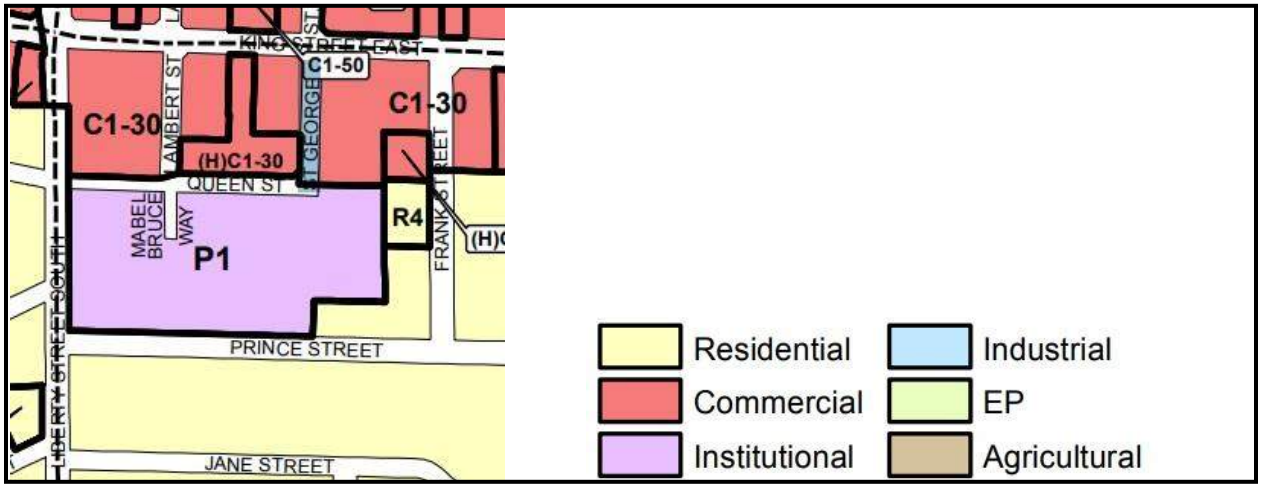
4.1.4.A Durham Official Plan:

Living Area



4.1.4.B Municipality of Clarington Zoning By-Law 84-63

P1- Institutional



4.1.4.C Municipality of Clarington's Inventory of Heritage Properties:

11 Mabel Bruce Way - "Listed – Primary property"

4.1.5 Existing Building – the Lambert House/Nurses' Residence

The building on the hospital campus at 11 Mabel Bruce Way is an institutional building originally purposely built to act as a training facility and residence for nurses. Designed by Architect Douglas Edwin Kertland and built by local contractor T.E. Flaxman in 1926, it is a two storey solid masonry building with a basement and a full attic in a steeply sloped roof. It has approximate dimensions of 13.83m (45'-4") x 11.10m (36'-5") and sits with its principal façade facing west onto Mabel Bruce Way and its (north) end wall facing Queen Street. It is set back approximately 20.00m (65'-0") from Queen Street. It has a building height of approximately 7.6m (25'-0") to the eaves and 9.6m (31'-6") to the peak in building height.

The building replaced the original carriage house of the estate which was converted into the Nurses residence when the training program began in 1913. Originally, the building had a presence on Liberty Street including a large front lawn. The building now sits behind the north wing of the "new" hospital built in 1951, beside hospital maintenance facilities and hospital staff and visitor parking, and screened from Liberty Street South. The House sits approximately 101.0m (331'-0") back from Liberty Street.

4.1.5.A – Aerial View from West (note: tree along Queen St. frontage has been removed.)

4.1.5.B - Aerial View from North (note: tree along Queen St. frontage has been removed.)

4.1.5.C – Aerial View from East (note: tree along Queen St. frontage has been removed.)

4.1.5.D – Aerial View from South (note: tree along Queen St. frontage has been removed.)

4.1.5.1 – Exteriors

The building is a Tudor Revival styled, two storey solid brick structure with a full basement. Light wells permit light into the basement level. The arched front door is at grade, and the entry is set a few steps down from the main floor. A small stair rises up from the entry to the main floor.

The plan has a principal hall running north – south on each floor. On the main floor sit former classrooms facing the street (west) side of the building and offices along the rear (east) side. The second floor was devoted to bedrooms but are now offices. Stairs to the second floor are located in the centre of the building and at the south end of the hallways.

Vinyl windows with plastic muntin inserts have replaced the original wooden windows, though stone sills remain. Aluminum flashing has replaced the window surrounds. Only the stone front door surround is remaining. Soffits are now aluminum. Asphalt shingles are the roof material. A large chimney adorns the north façade. Masonry detailing includes a Flemish bond masonry coursing, a soldier course belt course, and voussoir windows headers.

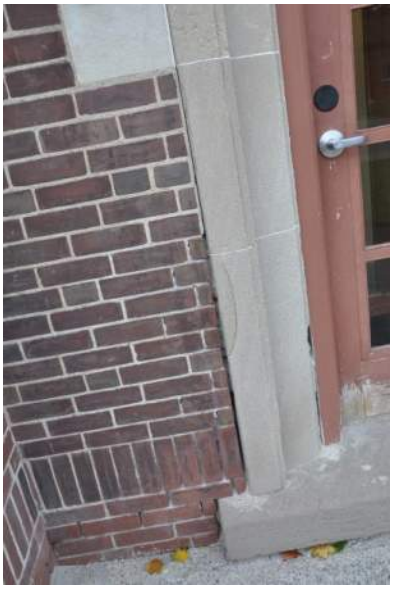
4.1.5.1.A – Existing West (Front) Elevation

4.1.5.1.B – Existing South (Right) Elevation

4.1.5.1.C – Existing East (Rear) Elevation

4.1.5.1.D - Existing North (Left) Elevation

4.5.1.2 - Exterior Details



4.5.1.2.A - Doors

4.5.1.2.B - Windows

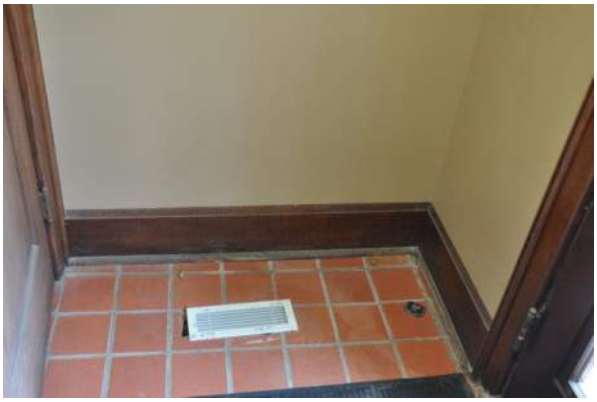
4.5.1.2.C – Masonry Detailing

4.5.1.2.D – Eaves/Soffits

4.5.1.3 - Interior Details

Portions of the interiors remain unaltered, though years of use, maintenance and safety upgrades have altered parts of the building's interior appearance. The interior detailing consisting of mouldings, window and door trim, baseboards, wood paneling, and terrazzo floors have been largely left untouched. Other higher use areas have been re-painted and had new flooring laid down. Electrical systems have been updated as have the light fixtures. New Mechanical systems and fire safety hardware have been introduced.

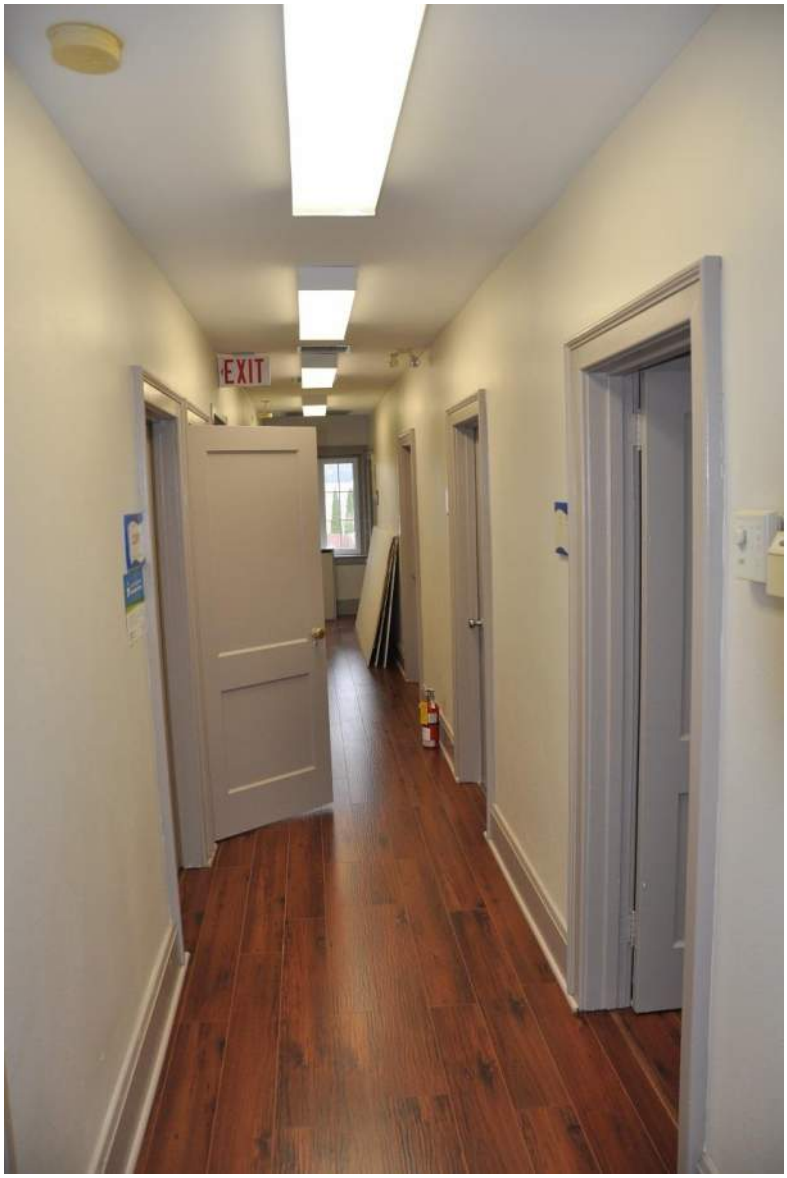
The basement and attic areas have been left unfinished except for mechanical and fire safety improvements.



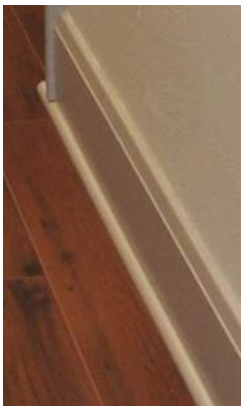
4.5.1.3.A – Entry Vestibule

4.1.5.3.B – Main Stairs

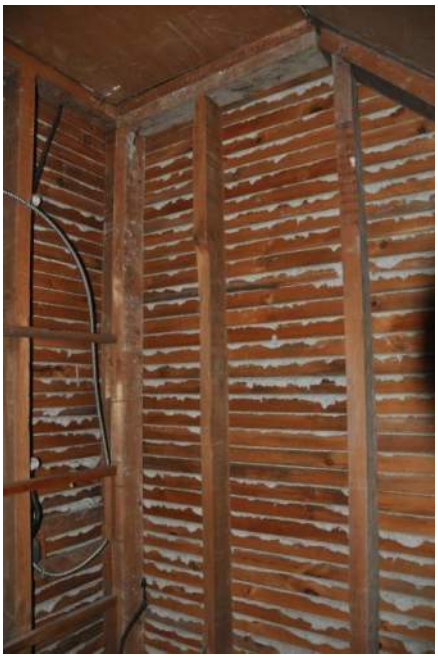
4.1.5.3. C– Main Board Room



4.1.5.3.D - Typical Hallway



4.1.5.3.E - Interior Trim



4.1.5.3.F - Attic

4.1.5.3.G Basement

4.1.5.3.H – Mechanical

4.1.5.3.I – Electrical

The Structure of the building is solid masonry construction with exterior brick and block back up. Plaster, lath, gypsum board and paint finish the interior walls. The floor assembly is wood joists with Tongue and Grove floorboards and the roof is constructed using roof joists. The former wood windows have been replaced with vinyl windows. Stone window surrounds have been replaced with Aluminum flashing. The roofing has recent asphalt shingles.

4.2 Cultural Inventory

4.2.1 Chain of Title for:

Block E, Block G, Lots 40, 44 and 53 and
Part of Lots 41, 45, 54, 59, and 60 and Block G, and
Part of Prince Street, George Street and Lambert Street,
C.G. Hanning's Plan, and
Lots 1, 2, 3, 39 and 40, and Blocks A, B, and C,
Registered M-Plan 629
Municipality of Clarington,
County of Northumberland

The enclosed lists identify the owners of the properties since the Crown Patent:

		Grantor	Grantee	
Patent	31 Dec 1798	The Crown	Silas Sargent	(200 ac.)
58 Deed	9 July 1805	Silas Sargent	John Burk	(100 ac.)
442 Deed	30 May 1820	John Burk	Lewis	(100 ac.)
460 Deed	3 Nov 1820	Lewis	William Allen	(100 ac.)
1922 Deed	12 Feb 1833	William Allen	Jane Frank	(South ½ 50 ac.)
1740 Qt. Cl.	13 Dec 1854	Jane Frank	John Frank Jr.	(South 120 ac.)
2170 Deed	5 Nov 1855	John Frank Jr.	Norman Frair	(Lots 35 & 36, Blk F)
2218 Deed	17 Dec 1855	Norman Frair	Peter Coleman	(Lots 35 & 36, Blk F)
3765 Deed	16 July 1864	Peter Coleman	Thomas Coleman	(Lots 35 & 36, Blk F, Lots 48, 49 Blk F)
5549 Deed	15 Sep 1865	Thomas Coleman	John McLeod	(Lots 35, 36, 48, 49 Blk F)
2035 Decree	25 Feb 1860	John McLeod	Hector Beith	(Lots 35 & 36, 48, 49 Blk F)
5732 B & S	22 June 1909	Hector Beith	John Harrison	(All Blk F)
6178 Deed	6 May 1912	John Harrison	John Alexander	(All Blk F)
6461 Deed	28 May 1913	John Alexander	The Bowmanville Hospital	
14347 Grant	15 May 1952	The Bowmanville Hosp.	H. Powell Chem. Co.	

14737 Grant	13 May 1953	H. Powell Chem. Co.	Memorial Hospital	
LT883904	1 Jan 1999	Memorial Hospital	Lakeridge Health Corp Owner	CH Name

Definitions:
B & S = Bargain and Sale GR.= Grant of Land D = Deed of Land
MEM = Memorial Grant/Deed/Conveyance CONV.= Conveyance of Land
TRAN.= Transfer of Land

4.2.2 Assessment Rolls Review

Owing to the lengthy and singular title held by the Bowmanville Hospital, Assessment Rolls were not reviewed.

4.2.3 Written References – The Nurses Residence/Lambert House

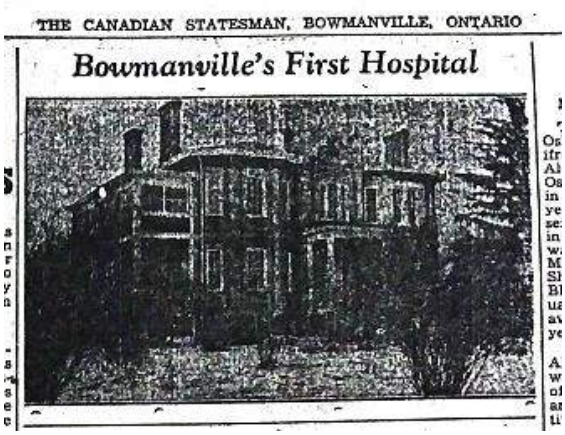
The Bowmanville Hospital is a central institution to the community of Bowmanville. It plays an important role as a focus for the health of its citizens. Much has been written over the years regarding the growth of the hospital and the contributions to it by members of the town.

The initial committee to establish the Hospital was created in 1910. After the purchase of the lands owned by Hector Beith (“South Park”) for the hospital by John W. Alexander, the existing mansion on the grounds was renovated for hospital use. John Alexander was the president of the Dominion Organ and Piano Company located in Bowmanville whose pianos and organs were sent around the world. The Hospital was also known in the early days as Alexander Hospital.


Donor of the First Hospital

THE LATE J. W. ALEXANDER

Bowmanville's First Hospital Made Possible by Generosity Of The Late J. W. Alexander


THE CANADIAN STATESMAN, BOWMANVILLE, ONTARIO

Bowmanville's First Hospital

4.2.3.A - J.W. Alexander 4.2.3.B - South Park Mansion, c. 1913
The Canadian Statesmen “Centennial Edition” -July 26th, 1951

Apr. 19/12

Mr. J.W. Alexander, president of the Dominion Organ and Piano Company, telegraphed from Toronto Thursday evening: "Have secured South Park; deal closed this evening."

4.2.3.C – Hospital Board Minutes

Bowmanville's First Hospital Made Possible by Generosity Of The Late J. W. Alexander

Although Bowmanville's first hospital, originally known as the Alexander Hospital in honor of the late J. W. Alexander who donated the South Park property for that purpose, was not opened until 1913, plans for the building had been under discussion for three years.

As far back as 1910 a "Hospital Account" had been opened and sufficient money promised to carry out the undertaking. Apparently however the general public was apathetic towards the project, for little was done until a counties' hospital controversy filled the pages of The Statesman in 1912.

At that time Editor M. A. James, as Reeve of Bowmanville, was the town's representative on the Counties Council. The controversy started with the announcement that John Helm, a former resident of Port Hope, in his will had bequeathed the sum of $100,000 for the building of a Counties Hospital. The Counties Council split into two camps and finally the offer was rejected. Editor James opposed the plan for reason which would seem almost ludicrous in these days of sparse and cramped hospital accommodation. The proposed hospital would have 50 beds, which Editor James opined would never be filled.

In outlining his opposition in The Statesman on February 19, 1912 Mr. James had this to say: "For some time a hospital has been talked of in Bowmanville and a hospital account was actually opened two years ago and enough money was promised to establish one, but the promise, for some reason was not kept, but it is only a matter of time when one will be established."

This comment apparently set in motion once again the plans for the local hospital, and on March 28, 1912, there appeared in The Statesman this comment: "A good friend of this town has offered to make a gift of South Park (the former residence of Mr. Hector Beith and the Misses Beith) for a hospital if $5,000 to equip it was raised in one week." The Statesman put out an "Extra" dated March 26, carrying the appeal. Factory whistles and church bells were sounded to announce the opening of the whirlwind campaign and 50 ladies of the town set out to make a house to house canvass.

On March 28, The Statesman anounced that among the first subscriptions were those from C. Jonas Thornton, M.P. for $50.00; W. R. Brock, Toronto, for $200, and C. H. Carlisle, Toronto, for $25.00.

The South Park property, having been inspected and approved by Dr. R. W. Bruce Smith, Provincial Inspector of Hospitals, a public meeting was called in the Town Hall on Saturday, March 23. The meeting was so largely attended that many had to stand in the corridors. The enthusiasm resulting from this meeting resulted in the whirlwind campaign.

It was on a motion by W. B. Couch and Postmaster John McMurtry, that the gift of South Park (the donor still being anonymous) was accepted and the campaign decided upon.

In the following issue of The Statesman, April 4th, 1912, Mr. J. W. Alexander was revealed as the donor of South Park with the acknowledgement of Mr. Alexander's $4,500 donation for the purchase of South Park "or any other suitable property."

The campaign was a huge success and for the next few weeks The Statesman published long lists of subscribers.

On April 25 The Statesman announced: "Our readers will be interested in knowing that Mr. J. W. Alexander, President of the Dominion Organ and Piano Company, has completed the purchase of the property known as South Park, comprising about six acres of land and a fine brick residence and has made a gift of the same to the Town of Bowmanville for a public hospital."

And so Bowmanville's first hospital was an assured fact. Within a year, as recorded elsewhere, the necessary physical changes were made, the building properly equipped and officially opened by the Lieutenant-Governor of Ontario, Sir John M. Gibson on March 26, 1913.

Nobody seems to know why, on the eve of the official opening, Mr. Alexander resigned from the Hospital Board. On several occasions The Statesman sought to find out why the generous donor of the hospital had withdrawn from its management, but if anyone know the facts, they certainly were not talking.

Mr. Alexander was a native of Scotland, coming to this country in 1895 and settling in Guelph, Ont. A year later he moved to Bowmanville, having purchased the Dominion Organ and Piano Company jointly with John Kydd and J. McConnell. In 1903 he purchased the interests of his partners and became sole owner.

Mr. Alexander was a shy retiring man, and it may have been his dislike for publicity and public adulation that caused him to retire from the Hospital Board. Never in the nearly 25 years he lived in Bowmanville did he seek public office or acclaim, but quietly and with great modesty he took a keen interest in the town's affairs.

Mrs. Alexander, the former Nellie Brittain, daughter of Mr. Joseph Brittain, local customs officer, died in the early 1930's. She, likewise, was active in community affairs and was much attached to the work of St. John's Anglican Church. Mr. Alexander himself was a member of St. Paul's Presbyterian Church. They had two sons, John of Toronto and Joseph of Ottawa, both of them successful in the business world.

Early in 1938, Mr. Alexander retired and moved to Toronto to live with his sons. Apparently in better health than he had been for some years, he succumbed to an attack of pneumonia, and died

4.2.3.D – The Canadian Statesmen "Centennial Edition" - July 26th, 1951

The first Superintendent of the Hospital was Miss Mabel Bruce who headed it from 1913 to 1915 at $40.00 per month. She left the Hospital to participate in the First World War as a nursing sister. The next Superintendent was Mrs. Florence Smyth who held the position from September 1915 to September 1941.

Jan. 28/13

At directors meeting moved that Miss Bruce be appointed as superintendent at $40 a month.

Move that unpaid subscriptions be handed to the ladies' auxiliary for collection. (! Women good at digging the money out of people, apparently)

4.2.3.E - Hospital Board Minutes

CENTENNIAL EDITION - JUNE 26/58

First Hospital Superintendent

Miss Mabel E. Bruce was the first superintendent of Bowmanville Hospital from 1913 to 1915 when she left to serve overseas. Prior to her return from the war she married Charles G. M. Evans, lived in Manitoba following the war, then in British Columbia. She died at Victoria, June 2, 1951. The new hospital in Bowmanville was opened July 31, 1951.

CENTENNIAL EDITION - JUNE 26/58

Letters From First Hospital Supt. Told Of Life in War One

Miss Mabel E. Bruce, first superintendent of Bowmanville Hospital, felt the call to serve as a nursing sister overseas and left here in the autumn of 1915. She was a cheerful person with an outgoing personality and her departure from the hospital was greatly regretted by the nurses, the Board and all who knew her. However, these very qualities made her a wonderful nurse in France.

Excerpts from one of her letters written to the Girls' Patriotic Club of Bowmanville give us a vivid picture of a hospital behind the lines, and also of Miss Bruce's personality.

"Bless you, dear girls, you can never know all that your thoughtfulness has meant to our boys. The gramophone alone has given many hundreds of them pleasure. Christmas time we decorated our ward to represent a Canadian snowstorm. I was on night duty, so played the part of Santa Claus. We had bunches of cotton strung on thread and festooned from the beams and rafters. This was in one of the huts were the more serious cases are kept. The beams were hidden as much as possible by holly, mistletoe and ivy. At each man's head hung a well-filled sock, with a drum, a teddy bear, a doll or something to make them laugh, sticking out of the top. Each sock contained candy, nuts, raisins, some useful article such as handkerchiefs. Into this fairy scene came our new arrivals, a convoy of wounded on stretchers, dirty, tired and weary, poor chappies. But all were delighted to arrive on such a Christmas".

Miss Bruce went on to tell how earlier in the evening the Sisters, officers and men had joined forces and sung carols from ward to ward, much to the joy of the patients; and how the patients began waking about 5 a.m. to find their socks and how like so many happy children they opened their presents.

She also tells of a whist party with 75 taking part and bed patients arranged so they could look on. Mrs. J. B. Martyn's box of home made cookies arrived just in time for this.

In another letter to the Girls' Patriotic Club dated June 11, 1916, she says the boxes from the girls came just when they were needed. "It so happened I was in charge of a ward with 62 beds and most of them occupied by Canadians. They just pounced on those magazines. The cookies Mrs. J. B. Martyn sent I gave out for tea, and the men were delighted. If Mrs. Martyn could only have heard all the complimentary things those 60 soldiers said, she would have her reward. The socks which the Morris family gave me, I gave to two of our boys who were leaving that day to return to the trenches. The men were delighted with everything you sent, which I distributed as impartially as possible."

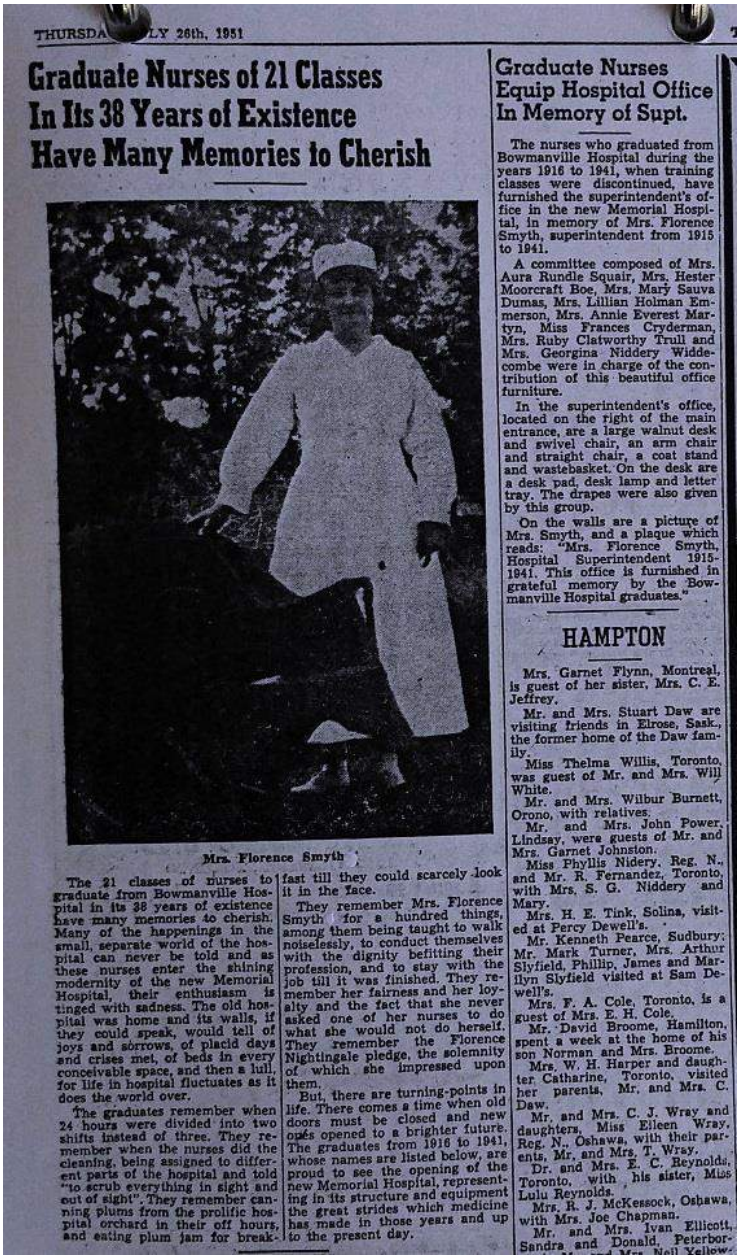
She began this letter by saying that "our poor boys have been pretty badly cut up at the front. They have done nobly . . . even at a great price. Dear brave chaps! - but there, I know your hearts are aching at home too, and my rule here is never to look or talk gloomy in the wards."

A letter to Mr. Norman S. B. James dated Feb. 27, 1916, says: "Sometimes I feel that I must have been led here for my boys all tell me repeatedly, 'no other Sister mothers us the same as you do'. I know I am not the only Sister who does, but many do not. I said the other night to an officer who was waiting to talk to me, 'You just run along, Mr. Officer. These tommies need a little love as much as liniments, medicines and dressings.' Imagine living in the trenches for 12 or 13 months!"

There is no doubt that Miss Bruce brought comfort to many and many a wounded soldier. While overseas she married Charles Evans and on their return to Canada they lived on a farm in Manitoba. There were few doctors, and her nursing knowledge was valuable. Many had cause to call her blessed for it. She died in June, 1951, in Victoria, B.C. She was born at Caesarea in Cartwright Township, Ontario.

4.2.3.F - The Canadian Statesmen – June 26th, 1958

One of the unique features of the Bowmanville Hospital was that it ran a training school for nurses. Mabel Bruce began the first class of nurses in training in 1913 with its first nurses graduating in 1916. Florence Smyth continued and grew the program. In all, 62 nurses graduated from the program until it was closed in 1941. At least eight of the graduates became supervisors on the Hospital staff.



THURSDA LY 26th, 1951

Graduate Nurses of 21 Classes In Its 38 Years of Existence Have Many Memories to Cherish

Mrs. Florence Smyth

The 21 classes of nurses to graduate from Bowmanville Hospital in its 38 years of existence have many memories to cherish. Many of the happenings in the small, separate world of the hospital can never be told and as these nurses enter the shining modernity of the new Memorial Hospital, their enthusiasm is tinged with sadness. The old hospital was home and its walls, if they could speak, would tell of joys and sorrows, of placid days and crises met, of beds in every conceivable space, and then a lull, for life in hospital fluctuates as it does the world over.

The graduates remember when 24 hours were divided into two shifts instead of three. They remember when the nurses did the cleaning, being assigned to different parts of the hospital and told "to scrub everything in sight and out of sight". They remember canning plums from the prolific hospital orchard in their off hours, and eating plum jam for breakfast till they could scarcely look it in the face.

They remember Mrs. Florence Smyth for a hundred things, among them being taught to walk noiselessly, to conduct themselves with the dignity befitting their profession, and to stay with the job till it was finished. They remember her fairness and her loyalty and the fact that she never asked one of her nurses to do what she would not do herself. They remember the Florence Nightingale pledge, the solemnity of which she impressed upon them.

But, there are turning-points in life. There comes a time when old doors must be closed and new ones opened to a brighter future. The graduates from 1916 to 1941, whose names are listed below, are proud to see the opening of the new Memorial Hospital, representing in its structure and equipment the great strides which medicine has made in those years and up to the present day.

Graduate Nurses Equip Hospital Office In Memory of Supt.

The nurses who graduated from Bowmanville Hospital during the years 1916 to 1941, when training classes were discontinued, have furnished the superintendent's office in the new Memorial Hospital, in memory of Mrs. Florence Smyth, superintendent from 1915 to 1941.

A committee composed of Mrs. Aura Rundle Squair, Mrs. Hester Moorcraft Boe, Mrs. Mary Sauva Dumas, Mrs. Lillian Holman Emmerson, Mrs. Annie Everest Martyn, Miss Frances Cryderman, Mrs. Ruby Clatworthy Trull and Mrs. Georgina Niddery Widdecombe were in charge of the contribution of this beautiful office furniture.

In the superintendent's office, located on the right of the main entrance, are a large walnut desk and swivel chair, an arm chair and straight chair, a coat stand and wastebasket. On the desk are a desk pad, desk lamp and letter tray. The drapes were also given by this group.

On the walls are a picture of Mrs. Smyth, and a plaque which reads: "Mrs. Florence Smyth, Hospital Superintendent 1915-1941. This office is furnished in grateful memory by the Bowmanville Hospital graduates."

HAMPTON

Mrs. Garnet Flynn, Montreal, is guest of her sister, Mrs. C. E. Jeffrey.

Mr. and Mrs. Stuart Daw are visiting friends in Elrose, Sask., the former home of the Daw family.

Miss Thelma Willis, Toronto, was guest of Mr. and Mrs. Will White.

Mr. and Mrs. Wilbur Burnett, Orono, with relatives.

Mr. and Mrs. John Power, Lindsay, were guests of Mr. and Mrs. Garnet Johnston.

Miss Phyllis Nidery, Reg. N., and Mr. R. Fernandez, Toronto, with Mrs. S. G. Niddery and Mary.

Mrs. H. E. Tink, Solina, visited at Percy Dewell's.

Mr. Kenneth Pearce, Sudbury; Mr. Mark Turner, Mrs. Arthur Slyfield, Phillip, James and Marilyn Slyfield visited at Sam Dewell's.

Mrs. F. A. Cole, Toronto, is a guest of Mrs. E. H. Cole.

Mr. David Broome, Hamilton, spent a week at the home of his son Norman and Mrs. Broome.

Mrs. W. H. Harper and daughter Catharine, Toronto, visited her parents, Mr. and Mrs. C. Daw.

Mr. and Mrs. C. J. Wray and daughters, Miss Eileen Wray, Reg. N., Oshawa, with their parents, Mr. and Mrs. T. Wray.

Dr. and Mrs. E. C. Reynolds, Toronto, with his sister, Miss Lulu Reynolds.

Mrs. R. J. McKessock, Oshawa, with Mrs. Joe Chapman.

Mr. and Mrs. Ivan Ellicott, Sandra and Donald, Peterbor-

4.2.3.G - The Canadian Statesmen “Centennial Edition” - July 26th, 1951

CENTENNIAL GOSPEL - JUNE 26/58

Lady with the Lamp Example for Grads of Bowmanville Hospital

For 26 years Mrs. Florence Smyth, a native of Morrisburg, Ontario, was Superintendent of Bowmanville Hospital and each year she instructed a class of from one to four young ladies in the art of caring for the ill and infirm, in such a thorough course of training that they received the coveted Registered Nurse's degree, entitling them to follow in the footsteps of Florence Nightingale, the lady with the lamp, who is such a shining example for the nursing profession.

Eight graduates of Bowmanville Hospital became Supervisors on the Hospital staff and in 1950 it was these leaders (with the exception of one who was on an extended vacation) who revered so highly the personality and outstanding ability of their late Superintendent that they planned and carried out the program for the first reunion.

Letters of invitation were sent to the 57 graduates. So enthusiastic was the acceptance that 46 graduates attended and it was unanimously decided to make the reunion an annual occurence. In spite of great distances there has been an average attendance of 33 at the reunions. At each of the reunions two minutes' silence has been observed in memory of Mrs. Smyth, Mr. Harry Fry and four nurses: Mrs. Rae Williamson Ogilvie, Mrs. Leta Hancock Holdaway, Mrs. Helen Caverly Marshall and Mrs. Ada Jackman Sudds, who have passed on.

It was decided to place a memorial in the new Bowmanville Hospital in memory of their beloved deceased superintendent Mrs. Smyth. Mrs. Smyth is to be remembered for a hundred things, among them - being taught to walk noiselessly, to conduct oneself with the dignity befitting their profession, and to stay with the job until it was finished. We remember her fairness and loyalty and the fact that she never asked one of her nurses to do what she would not do herself.

The entertainment at the reunions has been varied. In 1950 the afternoon and evening were spent at the Lions Community Centre renewing old friends, making new friends and exchanging reminiscences of days gone by. 1951 saw the opening of the new Hospital and the nurses chose this day for their reunion, meeting at the Community Centre for dinner at 4:30 p.m., then going to the Official Opening of Memorial Hospital in a group at 7:00 p.m.

Following the opening we toured the Hospital and all were especially interested in seeing the Superintendent's office which had been furnished by the graduates in memory of Mrs. Smyth. A committee composed of: Mrs. Aura Rundle Squair, Mrs. Hester Moorcraft Boe, Mrs. Mary Sauva Dumas, Mrs. Lillian Holman Emmerson, Mrs. Annie Everest Martyn, Miss Frances Cryderman, Mrs. Ruby Clatworthy Trull and Mrs. Georgina Niddery Widdicombe very capably looked after the many details involved. In this office located at the right of the main entrance, are: a large walnut desk and swivel chair, an arm chair and straight chair, a coat stand and waste basket, on the desk are a desk pad, desk lamp and letter tray. The drapes were also given. On the wall is a picture of Mrs. Smyth and a plaque which reads: "Mrs. Florence Smyth, Hospital Superintendent 1915 - 1941. This office is furnished in grateful memory by the Bowmanville Hospital Graduaes". At later dates another desk and an onyx based pen set have been added to the equipment.

The 1952 reunion took the form of a chartered bus trip to New Toronto where we had our dinner at Centenary United Church and then spent the afternoon at the home of Mrs. Edith Pinch Bray, one of the graduates. The 1953 reunion was again held at the Community Centre with the afternoon being spent reminiscing and another visit to Memorial Hospital. For our reunion in 1954 we had our dinner in Trinity United Church Sunday School. In the afternoon we were the guests of the Powell Chemical Company which is located in the former hospital building, where we were given a most cordial welcome by Mr. H. G. Powell, Mr. R. S. Powell and Miss Catherine Murray, and were shown all through the building. This was an occasion for many "Do you remember - ". Another highlight of the day was the gift of a beautiful carnation corsage to each nurse from Mr. H. G. and R. S. Powell which was greatly appreciated by all present. Later in the afternoon a number of the nurses attended the Women's Hospital Auxiliary Bazaar, again having a chance to see old friends.

The Community Centre was the site of the 1955 gathering when we had four of the doctors who had given lectures during our training as our guests. In the afternoon we were shown moving pictures by Mrs. Mae Lamb Hetz. The seventh reunion was held in 1956 at the Community Centre. Again we had the doctors as guests, also Miss Shaw the Hospital Superintendent. After dinner Dr. H. Rundle showed us moving pictures taken at the previous reunion, also some taken when on vacation. The 1957 reunion was held in the Community Centre, the senior doctors joining with us. In the afternoon Mrs. Geo. Thrasher showed us moving pictures of the splendid work being done at the Cerebral Palsy Centre in Oshawa.

This year, 1958, we went to Toronto by chartered bus, gathering at the Leaside United Church for dinner. At 2:00 p.m. we all went on the conducted tour through The Canadian National Institute for the Blind which indeed was an enlightening experience and gave us a great deal to think about and should make us more appreciative of our wonderful gift of eyesight and more understanding of those not so fortunate. Later in the afternoon we were guests of Miss Mary Young, also a graduate, in the spacious livingroom of the Nurses' Residence of Sunnybrook Hospital. Miss Young was assisted by Miss Marion McKelvey and with Mrs. Edith Pinch Bray pouring tea.

At all these reunions, groups of local organizations catered for very delicious meals and floral decorations and place cards followed out the old Bowmanville Hospital Training School colors —purple and gold.

"A Gradute".

4.2.3.H - The Canadian Statesmen – June 26th, 1958

THE CANADIAN STATESMAN,

SUPERINTENDENT

Miss F. Winnifred Hudson

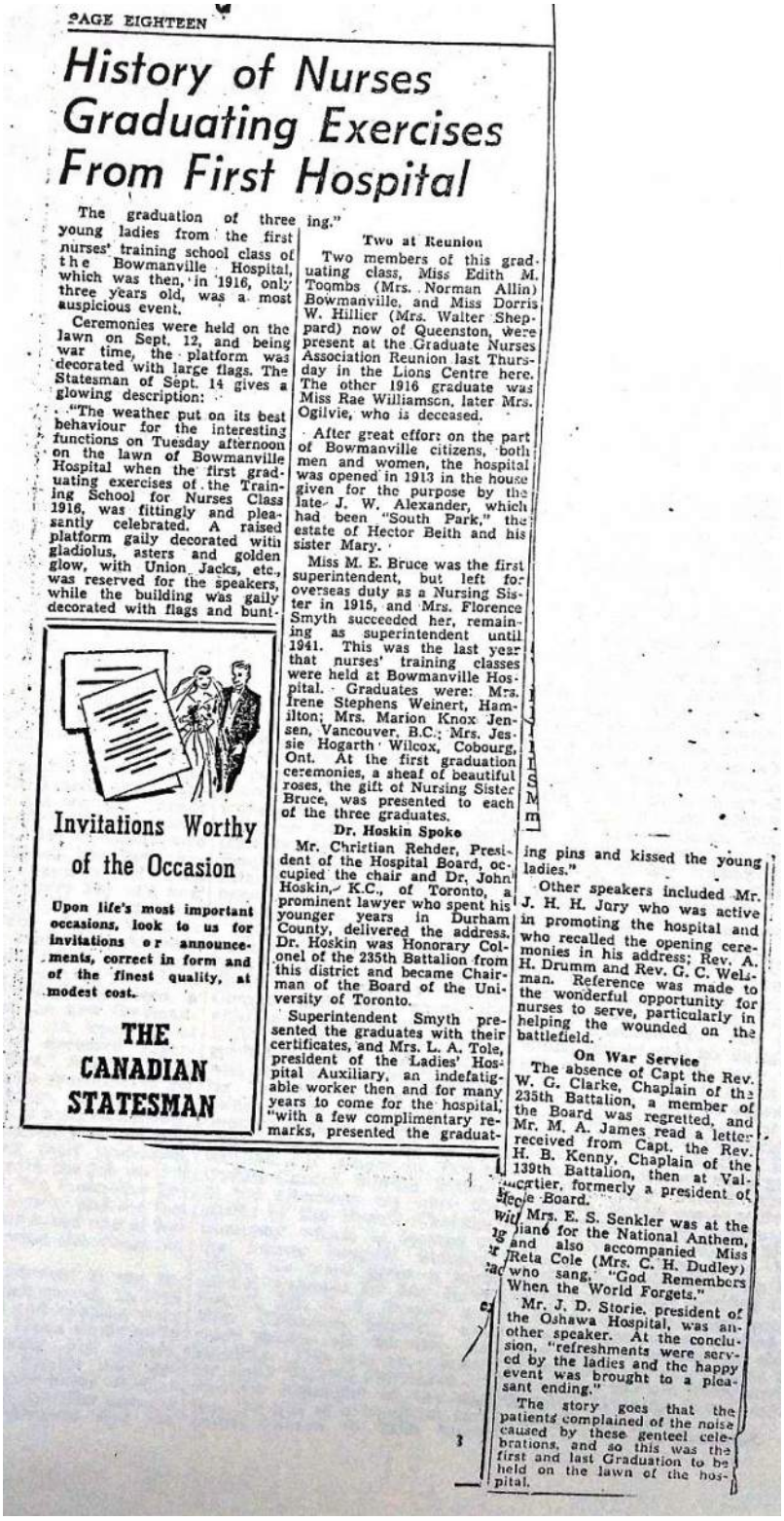
Who held the office as superintendent of Bowmanville Hospital from September, 1942 to May, 1944.

SUPERINTENDENT

Miss Pearl Lumby

Third superintendent of Bowmanville Hospital, followed Mrs. Florence Smyth in the Fall of 1941 and remained in office until September, 1942, when she resigned owing to ill health. She was again superintendent from 1944 to 1946.

4.2.3.I - The Canadian Statesmen “Centennial Edition” - July 26th, 1951



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History of Nurses Graduating Exercises From First Hospital

The graduation of three young ladies from the first nurses' training school class of the Bowmanville Hospital, which was then, in 1916, only three years old, was a most auspicious event.

Ceremonies were held on the lawn on Sept. 12, and being war time, the platform was decorated with large flags. The Statesman of Sept. 14 gives a glowing description:

"The weather put on its best behaviour for the interesting functions on Tuesday afternoon on the lawn of Bowmanville Hospital when the first graduating exercises of the Training School for Nurses Class 1916, was fittingly and pleasantly celebrated. A raised platform gaily decorated with gladiolus, asters and golden glow, with Union Jacks, etc., was reserved for the speakers, while the building was gaily decorated with flags and bunting."

Two at Reunion

Two members of this graduating class, Miss Edith M. Toombs (Mrs. Norman Allin) Bowmanville, and Miss Dorris W. Hillier (Mrs. Walter Sheppard) now of Queenston, were present at the Graduate Nurses Association Reunion last Thursday in the Lions Centre here. The other 1916 graduate was Miss Rae Williamson, later Mrs. Ogilvie, who is deceased.

After great effort on the part of Bowmanville citizens, both men and women, the hospital was opened in 1913 in the house given for the purpose by the late J. W. Alexander, which had been "South Park," the estate of Hector Beith and his sister Mary.

Miss M. E. Bruce was the first superintendent, but left for overseas duty as a Nursing Sister in 1915, and Mrs. Florence Smyth succeeded her, remaining as superintendent until 1941. This was the last year that nurses' training classes were held at Bowmanville Hospital. Graduates were: Mrs. Irene Stephens Weinert, Hamilton; Mrs. Marion Knox Jensen, Vancouver, B.C.; Mrs. Jessie Hogarth Wilcox, Cobourg, Ont. At the first graduation ceremonies, a sheaf of beautiful roses, the gift of Nursing Sister Bruce, was presented to each of the three graduates.

Dr. Hoskin Spoke

Mr. Christian Rehder, President of the Hospital Board, occupied the chair and Dr. John Hoskin, K.C., of Toronto, a prominent lawyer who spent his younger years in Durham County, delivered the address. Dr. Hoskin was Honorary Colonel of the 235th Battalion from this district and became Chairman of the Board of the University of Toronto.

Superintendent Smyth presented the graduates with their certificates, and Mrs. L. A. Tole, president of the Ladies' Hospital Auxiliary, an indefatigable worker then and for many years to come for the hospital, "with a few complimentary remarks, presented the graduating pins and kissed the young ladies."

Other speakers included Mr. J. H. H. Jury who was active in promoting the hospital and who recalled the opening ceremonies in his address; Rev. A. H. Drumm and Rev. G. C. Welsman. Reference was made to the wonderful opportunity for nurses to serve, particularly in helping the wounded on the battlefield.

On War Service

The absence of Capt the Rev. W. G. Clarke, Chaplain of the 235th Battalion, a member of the Board was regretted, and Mr. M. A. James read a letter received from Capt. the Rev. H. B. Kenny, Chaplain of the 139th Battalion, then at Valcartier, formerly a president of the Board.

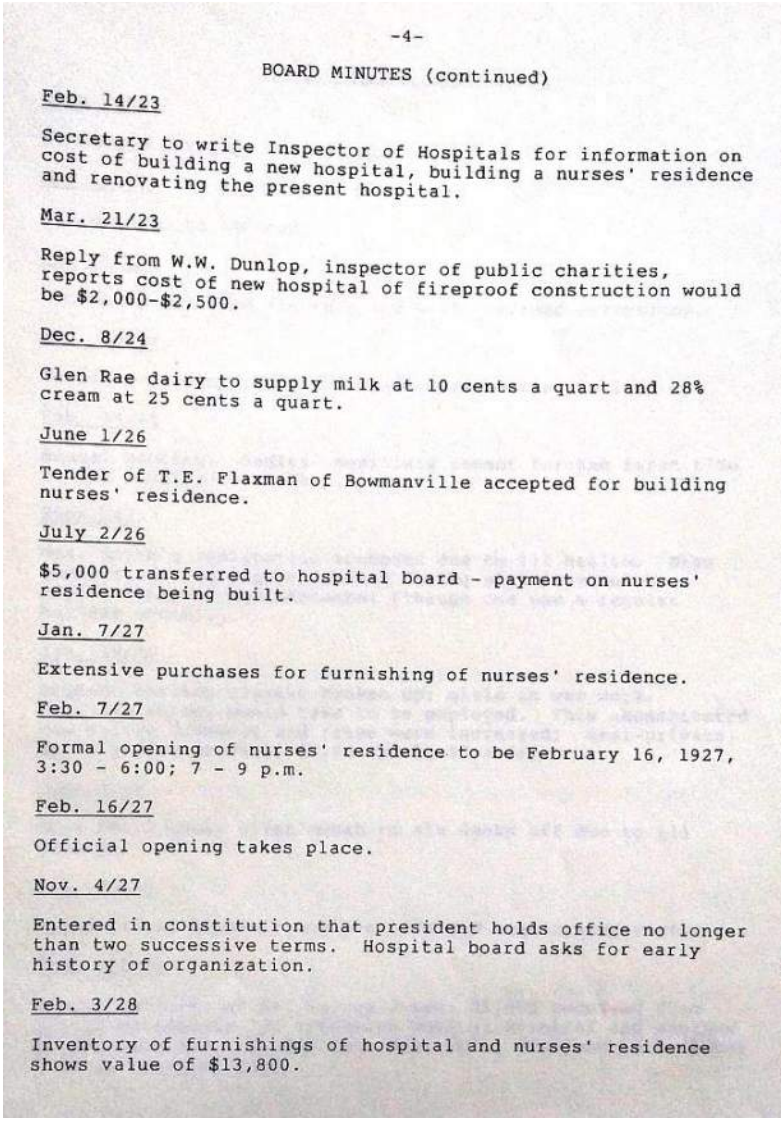
Mrs. E. S. Senkler was at the piano for the National Anthem, and also accompanied Miss Reta Cole (Mrs. C. H. Dudley) who sang, "God Remembers When the World Forgets."

Mr. J. D. Storie, president of the Oshawa Hospital, was another speaker. At the conclusion, "refreshments were served by the ladies and the happy event was brought to a pleasant ending."

The story goes that the patients complained of the noise caused by these genteel celebrations, and so this was the first and last Graduation to be held on the lawn of the hospital.

4.2.3.J - The Canadian Statesmen - June 24th, 1958

In 1913, the Ladies' Auxiliary renovated the old carriage house behind the newly opened hospital to serve as a nurses' residence. A tennis court for the nurses was added in 1914. The hospital grew and in 1926, under Florence Smyth, a new Nurses' residence was built at the end of Lambert Street on the Hospital property. On June 1st, 1926, T.E. Flaxman was awarded the contract to build the new Nurses' residence designed by Architect Douglas Edwin Kertland. $5,000.00 was set aside to pay for the Nurses' Residence. The Official opening was on February 16th, 1927. It was announced at the Hospital Board meeting of June 7th, 1929 that the Residence's mortgage was paid off.



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BOARD MINUTES (continued)

Feb. 14/23

Secretary to write Inspector of Hospitals for information on cost of building a new hospital, building a nurses' residence and renovating the present hospital.

Mar. 21/23

Reply from W.W. Dunlop, inspector of public charities, reports cost of new hospital of fireproof construction would be $2,000-$2,500.

Dec. 8/24

Glen Rae dairy to supply milk at 10 cents a quart and 28% cream at 25 cents a quart.

June 1/26

Tender of T.E. Flaxman of Bowmanville accepted for building nurses' residence.

July 2/26

$5,000 transferred to hospital board - payment on nurses' residence being built.

Jan. 7/27

Extensive purchases for furnishing of nurses' residence.

Feb. 7/27

Formal opening of nurses' residence to be February 16, 1927, 3:30 - 6:00; 7 - 9 p.m.

Feb. 16/27

Official opening takes place.

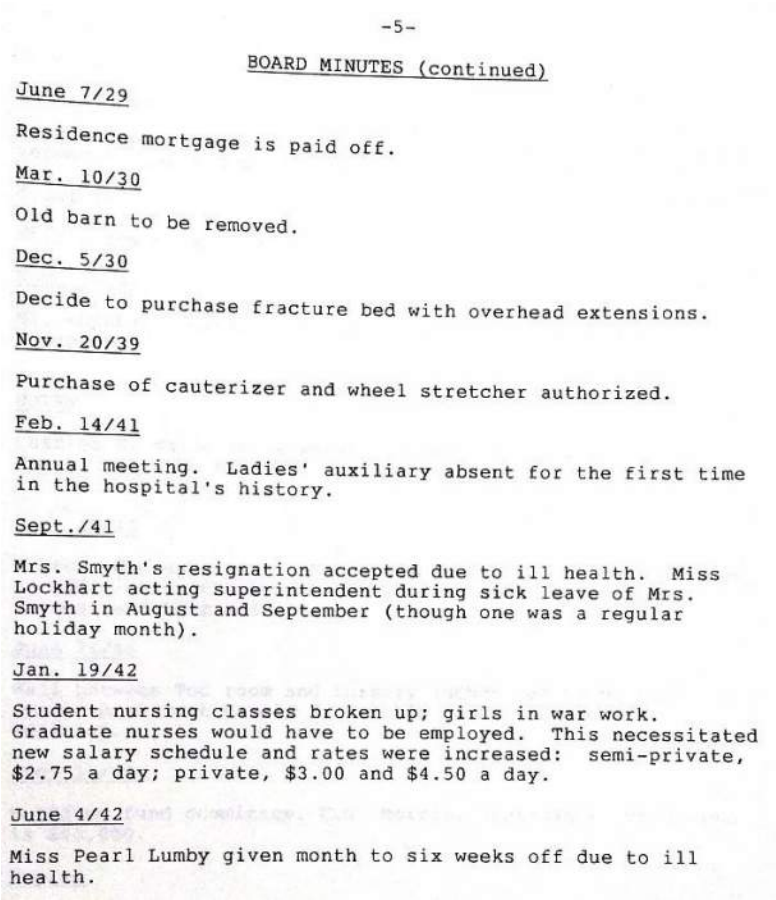
Nov. 4/27

Entered in constitution that president holds office no longer than two successive terms. Hospital board asks for early history of organization.

Feb. 3/28

Inventory of furnishings of hospital and nurses' residence shows value of $13,800.

4.2.3.K - Hospital Board Minutes



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BOARD MINUTES (continued)

June 7/29

Residence mortgage is paid off.

Mar. 10/30

Old barn to be removed.

Dec. 5/30

Decide to purchase fracture bed with overhead extensions.

Nov. 20/39

Purchase of cauterizer and wheel stretcher authorized.

Feb. 14/41

Annual meeting. Ladies' auxiliary absent for the first time in the hospital's history.

Sept./41

Mrs. Smyth's resignation accepted due to ill health. Miss Lockhart acting superintendent during sick leave of Mrs. Smyth in August and September (though one was a regular holiday month).

Jan. 19/42

Student nursing classes broken up; girls in war work. Graduate nurses would have to be employed. This necessitated new salary schedule and rates were increased: semi-private, $2.75 a day; private, $3.00 and $4.50 a day.

June 4/42

Miss Pearl Lumby given month to six weeks off due to ill health.

4.2.3.K - Hospital Board Minutes

With the closure of the Nurse in Training program in 1941, the Nurses' Residence ceased operating as a residence/training facility. It kept contributing to the Hospital's works by becoming a clinic and is currently the home for the Bowmanville Hospital Foundation.

As Bowmanville grew, the hospital expanded, but eventually could not keep up with the need for space and services. After the Second World War, monies were raised, and a new hospital was built along Liberty Street which opened in 1951 at a cost of $400,000.00. This building was built in front of the old Nurses' residence. A second addition was added to the south in the 1960's. A third addition was added to the east in the 1970's.

Currently, a new building program is being proposed for the site which builds a new hospital building and incorporates part of the existing hospital (south wing) and demolishes all other wings. The Lambert House is proposed to be retained, but moved to the Liberty Street frontage.

4.2.4 Mapping

The visual history through mapping can show the growth of neighbourhoods over time:

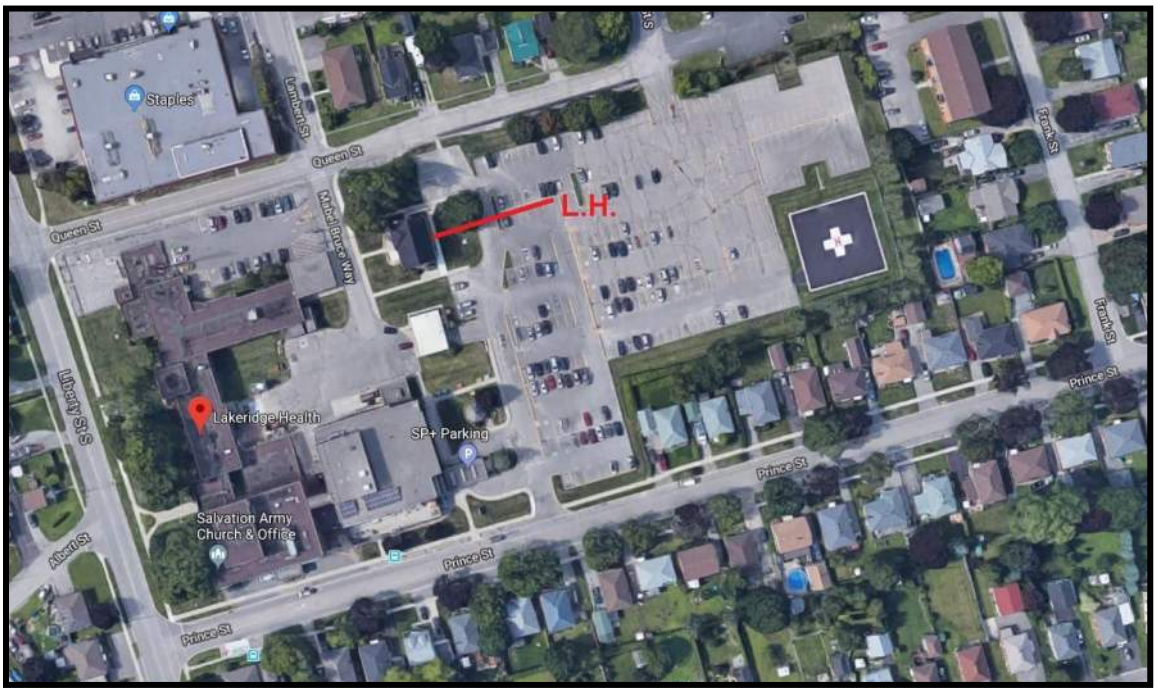
4.2.4.A - Original Draft Plan for the neighbourhood - 1893

4.2.4.B - Aerial – South Park c.1915

4.2.4.C - Hospital 1954 – new hospital

4.2.4.D - Hospital 1960 – new hospital

4.2.4.E - Hospital 1971 – South Wing addition



4.2.4.F - Hospital Campus - 2019 with East Wing addition

4.2.5 Past Uses

4.2.5.1 - Institutional – Hospital

4.4 Heritage Examination

4.4.1 Design or Physical Value

(Assessment scale: poor, fair, good, excellent)

4.4.1.1. Lambert House

The Lambert House is a fair example of Tudor Revival Architecture popularized during the first 4 decades of the 20th century.

Cladding - masonry. some deterioration at Grade, Staining, mortar joints cracking and spalling, walls lack insulation; - good

Windows –Not original vinyl replacements Non-original window surrounds; - poor

Interiors – largely the original floor plan layout remains - fair

Finishes – largely altered, but certain areas retain original Finishes but painted over; - fair

Stairs – largely original; - fair

Flooring – non-original; - poor

Structure – original, cracking due to settlement especially in stair wells; foundation deterioration at basement level; – fair

Roof – Non-Original, - poor

Example of Tudor Revival Architectural Style – simplified architectural treatment except front entry bay stonework; - good

Contribution to the neighbourhood character - good

Criteria for determining Cultural Heritage Value or Interest:

Section 1.(2)1. - The property has design value or physical value because it:

i) Is a rare, unique representation or early example of a style, type, expression, material or construction method:

A good example of Tudor Revival Style; Yes

ii) Displays a high degree of craftsmanship or artistic merit: Yes

Or

iii) Demonstrates a high degree of technical or scientific achievement: No.

4.4.2 Associative or Historical Value

4.4.2.1 Lambert House

The Lambert House has a long history and connection to the Town of Clarington (Bowmanville). The building has a proud history of contributing to the hospital and the well-being of the community. Originally Having been a training facility for nurses for the hospital, Lambert House has been re-purposed to act as a Health Clinic and now as the home for the Hospital Foundation. Dating back to the Women's Auxiliary, fundraising has been crucial to the success of the Hospital.

Criteria for determining Associative or Historical heritage Value or Interest:

Section 1.(2)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: Yes

ii) yields, or has the potential to yield, information that contributes to an understanding of a community or culture: Yes
or

iii) Demonstrates or reflects the work or ideas of an architect, artist, builder, designer or theorist who is significant to the community: No

4.4.3 Contextual Value

4.4.3.1 The Lambert House

The original property for the hospital – “South Park”, the residence of Hector Beith – was centrally located to the Town, and a perfect location for a hospital. The Town has grown around the lands of the hospital and the hospital property has been a neighbourhood focus for the community.

For 25 years, the Lambert House was the face of the face of the Hospital fronting onto Liberty St. The Lambert House has remained a contributing component to the Hospital campus.

Section 1.(2)3.- The property has contextual value because it

i)	is important in defining, maintaining or supporting the character of an area –	Yes
ii)	is physically, functionally, visually or historically linked to its surroundings –	Yes
iii)	Is a landmark:	Yes

5.0 Development Proposal

5.1 Proposal Description:

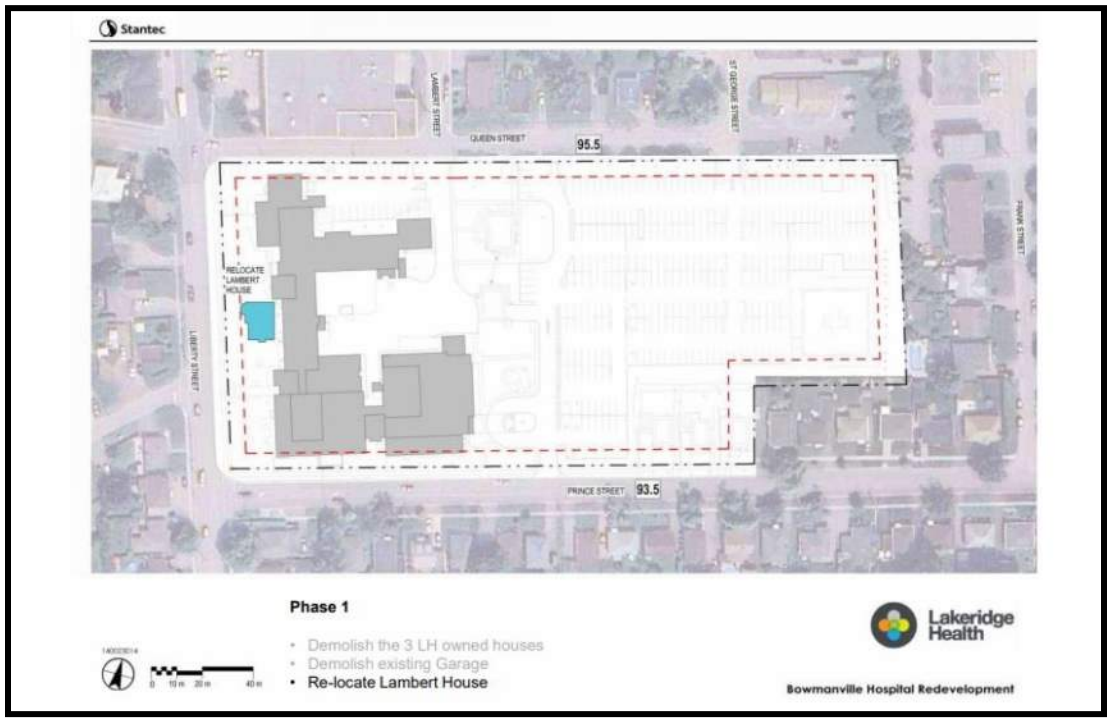
Close to 70 years following the “New” Hospital replacing the South Park mansion and about 50 years following the South Wing addition, the Town of Bowmanville has doubled in population, and has amalgamated with surrounding smaller towns to form the Municipality of Clarington. Lakeridge Health is planning a new hospital facility to better service the larger community and provide greater variety of medical services to it.

A phased design and construction program is being proposed to build the new hospital using the P3 partnership method (Design and Construction) which will allow it to continue to function during construction. A new campus is being designed which proposes to demolish/renovate part of the original hospital. A new main hospital building is to be added to the campus with frontage along Queen Street on the north and access from Prince Street to the south. A parking structure is proposed to the east of the new hospital building covering existing surface parking. The northwest corner of the site at Queen and Liberty is proposed to become a parkette.

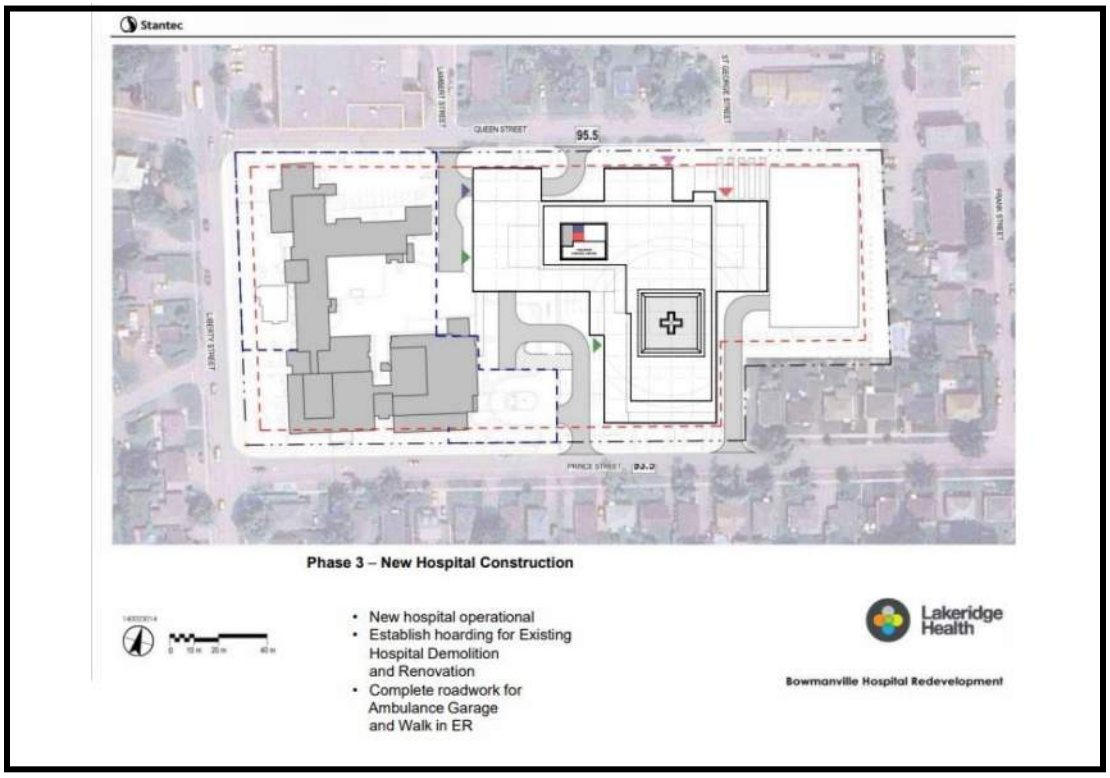
The project includes the redevelopment of the Lakeridge Bowmanville Hospital site located in Bowmanville, Ontario. The scope of work includes the construction of a new main facility with rooftop helipad, parking structure, connecting link to the existing East Wing, and related site development activities. Please note that the site plan development concept is preliminary in nature and subject to change.

Owing to its Heritage value, the Lambert House is proposed to be retained; moved closer to Liberty Street and re-purposed for an as-yet undetermined use. A phased conservation management plan is proposed whereby in Phase 1, the Lambert House is to be re-located facing Liberty Street in front of the current north wing of the Hospital. It will be mothballed during the construction of the new hospital. Upon the demolition of the north wing, Phase 2 proposes the Lambert House will undergo a restoration and building shell renovation to facilitate its re-use by a future tenant. The Lambert House will sit at the south edge of the proposed parkette.

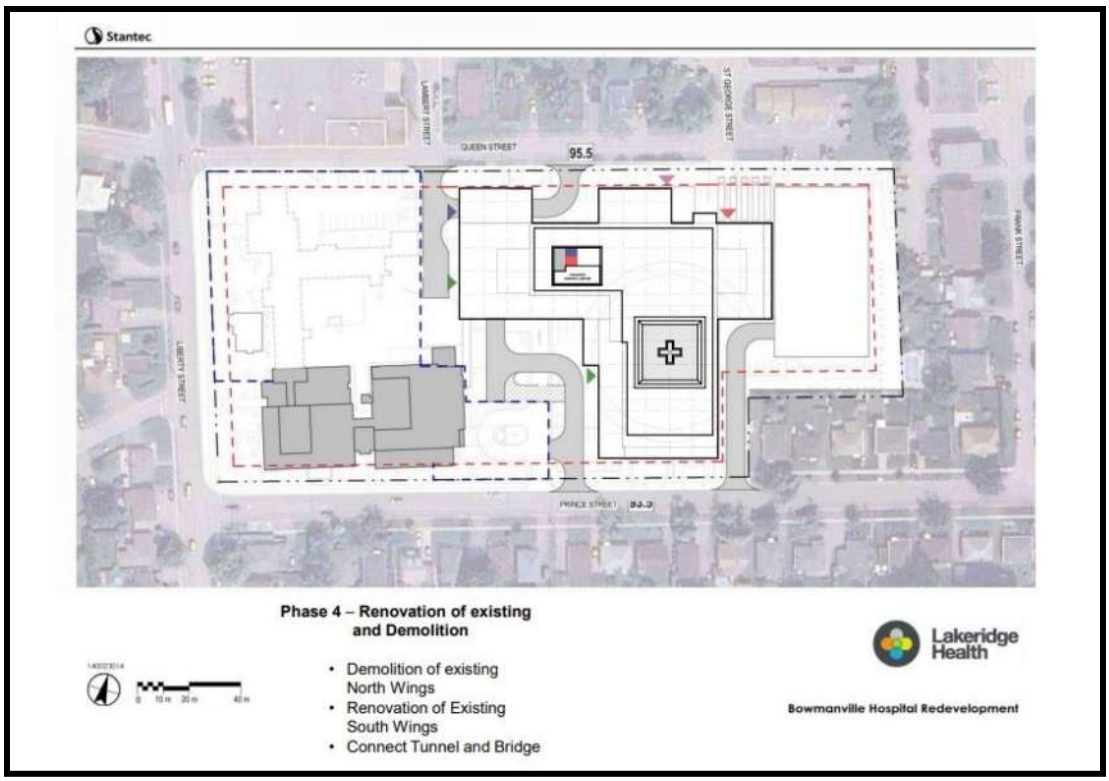
Owing to the nature of the P3 process, the final site plan and building form will not be determined until a winning entry is chosen. However, the re-location of the Lambert House is not part of the construction of the hospital and will be moved before work begins by Lakeridge Health. The proposed new hospital design will be reviewed and adjusted so as to reduce or mitigate any loss in heritage value to the Lambert House.



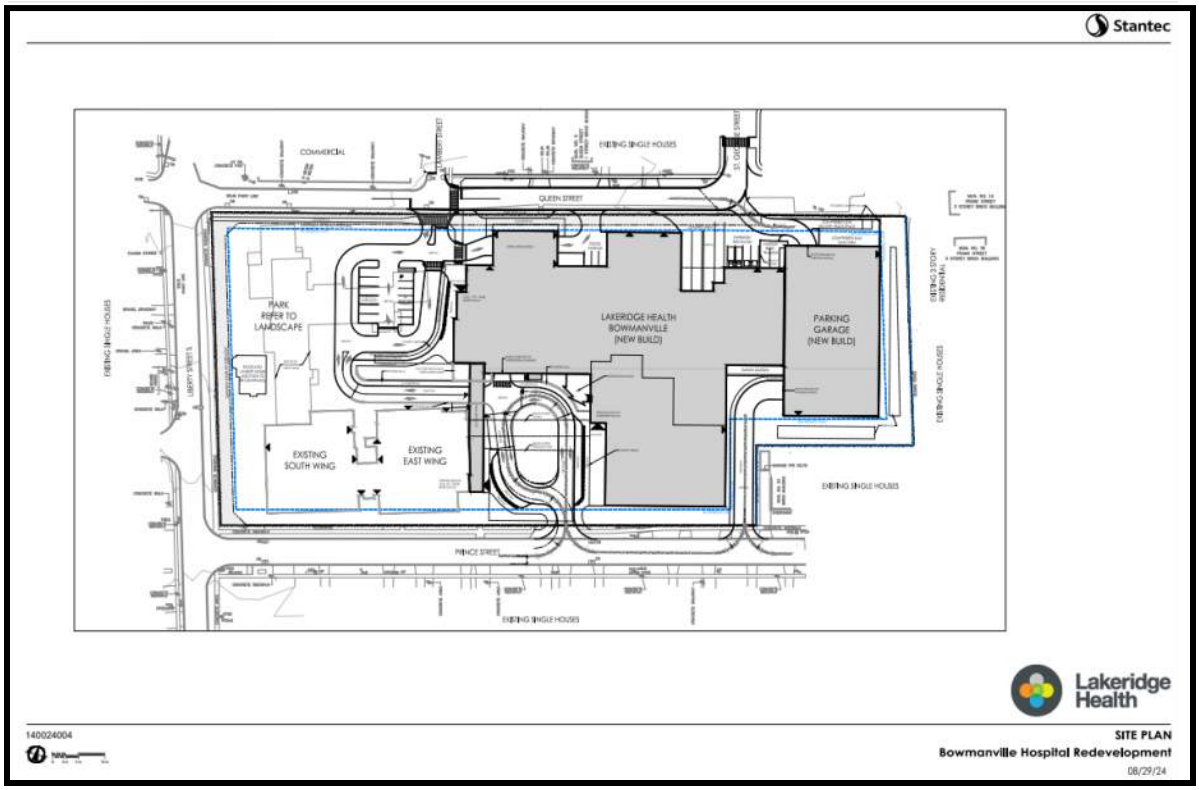
5.1.A - Conceptual Site Plan –Re-location of Lambert House (Buildings' locations may vary)



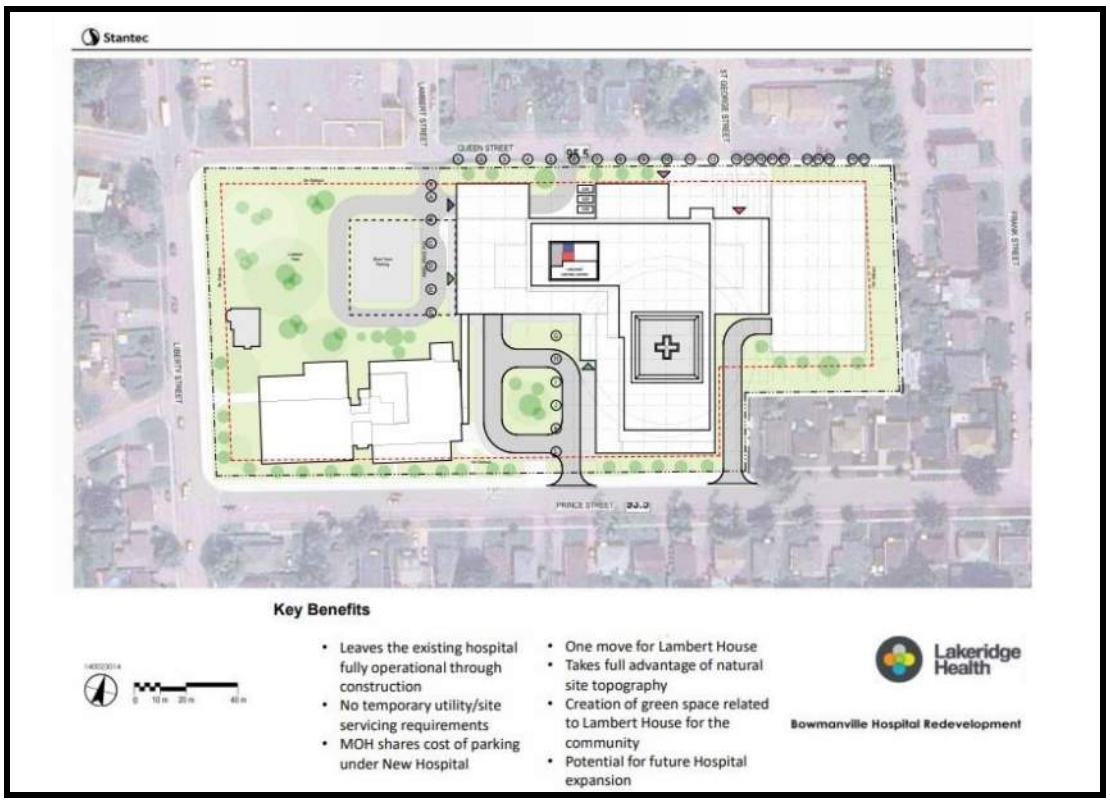
5.1.B - Conceptual Site Plan – Hospital Construction Completion (Buildings' locations may vary)



5.1.C - Conceptual Site Plan – Demolition of North Wing (Buildings' locations may vary)



5.1.D - Conceptual Site Plan – Fully built (Buildings' locations may vary)



5.1.E - Conceptual Site Plan – Parkette (Buildings' locations may vary)

5.2 Alternative Development Options:

Upon the assessment of the Heritage value of a property, appropriate Heritage conservation strategies consist of Conservation, Preservation, Re-location (on site), Relocation (off site), Demolition and Commemoration:

5.2.1 Preservation

Conservation of a structure, where appropriate, owing to the excellent Heritage value and condition of the building, proposes to keep the building in its original condition and with minor restoration using authentic materials and construction methods.

The building has been sufficiently altered from its original state that it has lost some of its original built character. It is not a candidate for Preservation.

5.2.2 Conservation

Preservation of a structure, where appropriate, owing to the good Heritage value of the building, proposes the salvaging of the existing building/structure, and restoring, renovating and re-using the structure.

The building has been altered from its original state but retains most of its original built character. It is a candidate for Conservation.

5.2.3 Relocation (on site)

Relocation (on site) of a structure, where appropriate, owing to the good Heritage value of the building, proposes to move the building to a location on site which will minimize the loss of Heritage value, but permit the Building to be preserved, renovated and reused.

The building has been altered from its original state and has lost some of its original built character, but is a candidate for Preservation. Given the complexity of the proposed hospital re-development, its existing location would greatly hinder the construction program. A re-location on site is an excellent strategy.

5.2.4 Relocation (off site)

Relocation (off site) of a structure, where appropriate owing to the good Heritage value of the building, proposes to move the building to a location on site which will minimize the loss of Heritage value, but permit the Building to be preserved, renovated and reused.
The building has been altered from its original state and has lost some of its original built character, but is a candidate for Preservation. As the site is quite large, re-location on-site is preferred and possible. It should not be a candidate for re-location offsite, unless absolutely necessary.

5.2.5 Demolition

Demolition of a structure may be permitted when there is little or no Heritage value remaining in the building and/or the building has deteriorated to a condition where it is structurally unsafe for the public.

The building has sufficient Heritage value to qualify for designation under the Ontario Heritage Act. Though it has lost some of its original built character, it is not a candidate for demolition.

5.2.6 Commemoration

Commemorative strategies may be used to demarcate and commemorate the Heritage of a property. It can assist in interpreting and educating the community to the history of the property.

The Cultural Heritage could be commemorated in a variety of ways:

the naming of streets and public spaces with names of original residents/events, and/or providing plaquing and interpretive exhibits which commemorate and illustrate the heritage of the area in public areas.

5.3 Development Assessment:

5.3.1 Intensification – the re-construction of the hospital responds to the increase in population of the community. The proposal provides a built form which provides for today's medical standards minimizing any potential major impact on the streetscape or the community. The new buildings are located away from existing neighbouring properties. The re-location of the Lambert House to the Liberty Street frontage will restore its exposure to the community, and move it some distance from the new hospital facility The development patterns of the site is being respected.

5.3.2 Built Form- the history of the built forms on the site supports the institutional built form as being appropriate. The proposal for a variety of buildings on site echoes previous campus development pattern.

5.3.3 Site Access – the campus approach echoes older development patterns. Multiple access points along the frontage of the streets similar to existing conditions.

5.3.4 Impact on the Streetscape – With the demolition of the original hospital, the Lambert House is exposed to Liberty Street. With the proposed re-location of the Lambert House to the Liberty Street frontage at the corner with Queen Street will greatly improve its exposure and express its history to the hospital to which this building is connected.

5.3.5 Building Orientation- The exposure of the Lambert House to Queen Street is proposed to increase. The demolition of the original hospital re-opens the exposure of the front facade to Liberty Street. The moving of the Lambert House closer to Liberty Street will increase its exposure to the community. It will also restore – in part – the original face of the hospital to the community that existed early in the 20th century.

5.3.6 Views through the site –The proposed new buildings' location and parkette allow view corridors throughout the site. With the Lambert House being located along Liberty St, its exposure is increased.

5.3.7 Architectural Treatment – The proposed setback of the new buildings to the Lambert House will respect the size and scale of the building.

6.0 Heritage Impact Assessment – Heritage Value

6.1 Heritage Register Inventory – Listed

6.1.1 Design or Physical Value

This site has been the health focus point for the community for many years. The Lambert House has continuously been used by the hospital. The exterior of the building has had general maintenance repairs and alterations over the years but is basically intact.

The demolition of the original hospital and the insertion of a new hospital in the centre of the site allows for intensification on the site without any negative impact on the adjoining properties.

The re-location of the Lambert House permits the location of the new hospital in the centre of the site. It also allows for greater exposure of the Lambert House to Liberty Street and permits increased contribution to the streetscape. The Lambert House will continue to be used.

The Impact on the Heritage value of the Lambert House as a result of its move will be minor as the move restores the house's exposure to Liberty St.

6.1.2 Associative or Historical Value

The Lambert House has played an important role in the history of the Hospital. It remains the only link to the original South Park mansion hospital (1913 to 1951). The Nursing-in-Training program it ran was unique to a small hospital at that time. The people involved in the running of the Hospital have left their presence there.

The keeping of the Lambert House will reinforce the Associative heritage value it has to the community.

6.1.3 Contextual

The Lambert House was exposed to Liberty Street from 1926 to 1951. The new hospital has been the blocking the view to the Lambert House from Liberty Street to this present day.

The opportunity to restore this exposure to Liberty St., and allow the heritage of the Lambert House to be exposed and recognized to the community should be seized.

6.2 Statement of Historical Significance

The Lambert House has been part of the Lakeridge Health Bowmanville Hospital (formerly Bowmanville Hospital) for almost 100 years. The building, formerly known as the Nurses' Residence, was opened in 1926 and it has been in continuous use – first as a nurses' training facility/residence until 1941, then as a Durham Regional Health Unit office, and most recently as the offices for the Bowmanville Hospital Foundation. It has always been associated with the Hospital on the site.

The building on the hospital campus at 11 Mabel Bruce Way was originally purposely built to act as a training facility and residence for nurses, replacing the carriage house on the original estate which had been converted into the nurses' residence when the nurse training program began in 1913.

Designed by Architect Douglas Edwin Kertland and built by local contractor T.E. Flaxman in 1926, it is a two storey solid masonry building with a basement and a full attic in a steeply sloped roof in a Tudor Revival Architectural style. Until the construction of the "new" hospital in 1951, it faced Liberty St across a generous front lawn acting as the principal expression of the hospital to the town.

It has a solid building mass, Flemish bond masonry pattern with an accentuating belt course, masonry voussoir window headers, stone sills, stone surround around the front door, punched windows and a massive chimney in the Tudor revival Style.

The Nurses' training program was founded by Mabel Bruce, the first hospital supervisor, in 1913, as permitted by provincial regulations to educate and train nurses in hospital care. Many graduates remained and worked at the hospital with a few even becoming the supervisor of the hospital. The program ran until 1941 when provincial regulations changed and the hospital did not qualify to run a nurses training program.

6.3 List of Heritage Attributes

The List of Physical Heirtage Attributes include:

- a solid building mass with punched windows,
- steeply pitched roof,
- "Ontario" sized masonry with a Flemish bond masonry pattern with an accentuating belt course, masonry voussoir window headers,
- stone sills,

- stone surround around the front door, and
- a massive chimney

typical of a Tudor revival Style.

7.0 Conservation Principles

7.1 Introduction

When component of a community's built environment has been determined to have Heritage value to the community, its preservation becomes the key goal to ensure it continues to contribute its history to the community. While this resource can take various forms, it generally is embodied in an older, built structure set in a particular location.

Bringing this resource into the 21st century requires a balance between interventions which permit the resource to meet current safety standards and programmatic requirements while maintaining its Heritage value through its defined Heritage attributes.

A successful conservation program strives to find the balance of retaining the Heritage value while permitting the resource to be adapted for modern use.

7.2 Conservation Guidelines

Achieving Conservation and Design goals involves implementing industry accepted techniques from a variety of sources. In Canda, the currently most recognized and respected approach to conservation of Historic places and best practice guidance is found in "Standards and Guidelines for the Conservation of Historic Places In Canada", Second Addition, Historic Places Canada, Government of Canada, 2010.

In Ontario, conservation guidance can be found in the "Ontario Heritage Toolkit", Ministry of Tourism, Culture and Sport, Ontario, and "Eight Guiding Principles in the Conservation of Built Heritage Properties" , Ministry of Tourism, Culture and Sport, Ontario, which incorporate the above guidance.

The above documents also reference international guidelines including the Venice Charter, 1964, The Appleton Charter, 1983, The Burra Charter, 1999, the ICOMOS Charter, 2003 and the UNESCO Recommendation on Historic Urban Landscape, 2011, but tailored to Canada's unique environment.

The "Standards and Guidelines for the Conservation of Historic Places In Canada" guidance will be followed for this project. Section 4.3 – Guidelines for Buildings offers the following guidance:

1 Understanding the exterior form and how it contributes to the heritage value of the historic building.

2 Understanding the design principles used by the original designer or builder, and any changes made to the exterior form over time.

3 Documenting the building's exterior form before undertaking an intervention, including the form and massing, and viewscapes, sunlight and natural ventilation patterns

4 Assessing the condition of the building's exterior form early in the planning process so that the scope of work is based on current conditions.

5 Protecting and maintaining elements of the building's exterior form through cyclical or seasonal maintenance work.

6 Retaining the exterior form by maintaining proportions, colour and massing, and the spatial relationships with adjacent buildings.

7 Stabilizing deteriorated elements of the exterior form by using structural reinforcement and weather protection, or correcting unsafe conditions, as required, until repair work is undertaken.

8 Protecting adjacent character-defining elements from accidental damage or exposure to damaging materials during maintenance or repair work.

9 Documenting all interventions that affect the exterior form, and ensuring that the documentation is available to those responsible for future interventions.

10 Reinstating the exterior form by recreating missing, or revealing obscured parts to re-establish character-defining proportions and massing.

11 Accommodating new functions and services in non-character defining interior spaces as an alternative to constructing a new addition.

12 Selecting a new use that suits the existing building form.

13 Selecting the location for a new addition that ensures that the heritage value of the place is maintained.

14 Designing a new addition in a manner that draws a clear distinction between what is historic and what is new.

15 Designing an addition that is compatible in terms of materials and massing with the exterior form of the historic building and its setting.

16 Adding new features to meet health, safety or security requirements, such as an exterior stairway or a security vestibule in a manner that respects the exterior form and minimizes impact on heritage value.

17 Working with code specialists to determine the most appropriate solution to health, safety and security requirements with the least impact on the character-defining elements and overall heritage value of the historic building.

18 Finding solutions to meet accessibility requirements that are compatible with the exterior form of the historic building. For example, introducing a gently sloped walkway instead of a constructed ramp with handrails in front of an historic building.

19 Working with accessibility and conservation specialists and users to determine the most appropriate solution to accessibility issues with the least impact on the character-defining elements and overall heritage value of the historic building.

The other governing document is the Ontario Building Code, 2012 which governs life and safety, and construction of buildings in Ontario. The building is of a size that Part 9 of the OBC applies. Compliance Alternatives to the standards in Part 9 can be applied through Part 11. Negotiations for compliance alternatives to retain existing Heritage attributes will be undertaken with the Chief Building Official.

8.0 Conservation Management Plan

8.1 Conservation Goals

Lakeridge Health has committed to conserve the Lambert House by:

i) not demolishing the building;
ii) moving the building to a location on site which permits its preservation;
iii) restoring as best as possible its Heritage Attributes;
iv) renovating it permitting its re-use.

8.2 Work Plan

8.2.1 Design Goals

Design Goals include:

i) renovating the building to meet current life safety and building envelope standards;
ii) retaining the current barrier-free accessibility;
iii) making the building more energy efficient;
iv) preserve Architectural Heritage attributes identified as:

- a solid building mass with punched windows,
- steeply pitched roof,
- “Ontario” sized masonry with a Flemish bond masonry pattern with an accentuating belt course, masonry voussoir window headers,
- stone sills,
- stone surround around the front door,
- a massive chimney,
- restore its exposure to Liberty St.,
- restore any generous lawn, as possible.

8.2.2 Building Program

The programing goal is to prepare the building for a new tenanted use. The building program is proposed as follows:

8.2.2.1 Phase 1: Building Re-location & Mothballing –

Whereby the Lambert House will be re-located to a new location on the property; set on a new foundation and mothballed pending work on the new Hospital:

i) Install Site Life and Safety protections;

ii) disconnect all services (water, sanitary, telecommunications etc.);
iii) remove building shrubbery, easterly tree, and trees along Liberty St frontage;
iv) prepare moving route (create roadway; secure permits for foundations, power & street closures, co-ordinate with Hospital ambulance operations, etc.)
v) empty Lambert House of all equipment and furniture
vi) reinforce and/or brace structure, as required, for moving;
vii) excavate site for construction of transportation cradle;
viii) prepare new site for receipt of Lambert House;
ix) locate underground services and protect;
x) excavate new basement;
xi) pour new footings;
xii) move the building to the new location on site;
xiii) backfill remaining building excavation to grade;
xiv) provide new services connections – water, storm, sanitary, electrical and telecommunications;
xv) construct new block foundation to match perimeter foundation wall;
xvi) install internal basement steel beams and columns and pads;
xvii) install foundation drainage protection and weepers;
xviii) backfill and grade to match existing finished grade;
xix) pour concrete basement slab on crushed gravel bed;
xx) refer to construction drawings for full details and specifications;
xxi) mothball building to protect during hospital construction as per construction drawings;
xxii) protect and secure building.

8.2.2.A –Site Plan – Building Re-location (note: not illustrative of building moving route.)

8.2.2.2 Phase 2: Restoration - Building Envelope/Shell -

Whereby a base building shell renovation is to be performed including:

i) Install Site Life and Safety protections;
ii) reinforcing the building structure as noted;
iii) install a new asphalt roof shingles;
iv) install R60 insulation;
v) assess the condition of the windows following move and install new energy efficient vinyl windows and doors to match existing styling (2 over 8 casement-authentic muntins), as required;
vi) retain existing interior window trim;
vii) repoint windows sills;
viii) repoint existing exterior masonry walls with lime cement;
ix) re-install barrier free access;
x) remove interior lathe and plaster finish;
xi) construct new 2 x 4 wood frame wall only to permit future spray foam insulation, drywall finish, base building services electrical and computer wiring, mechanical distribution systems;
(walls will be left uncovered for future tenant fit out.)
(Mechanical systems will be very basic allowing for improvements during tenant fit out)
xii) refer to construction drawings for full details and specifications
xiii) scope of work may change based on site conditions;

8.2.2.3 Phase 3: Interior Renovation/Tenant Fit Out for Occupancy -

i) Partition Plan layout to tenant space requirements
ii) Emergency Lighting and Exit signage
iii) Update fire separations as required
iv) Install/renovate washrooms and kitchenette, as required;
v) Install lighting, outlets and telecommunications
vi) Install interior finishes
vii) refer to construction drawings for full details and specifications.

8.2.3 Documentation

Given the building is being re-located to part of the property which needs municipal servicing, grading and servicing design will be required with their associated review and approvals by the municipality

The following documentation will be prepared to define and itemize the Phase 1, 2 and 3 Work to be performed:

- Construction Drawings by a certified Architect:

  Phase 1 – Building Re-location & Mothballing:

  a. Site plan/grading drawing (min. 1:200 or larger),
  b. Basement Floor Plan,
  c. Building Section
  d. Construction Details as required
  e. Construction notes/Specifications

Phase 2 – Restoration - Building Envelope/Shell:

  a. Site plan
  b. As-Bult Drawings of the Building,
  c. Floor Plans (Basement, Ground Second, & Roof).
  d. Building Elevations
  e. Building Sections
  f. Construction Details as required
  g. Construction notes/Specifications
  h. Window Schedule and Corresponding Details

Phase 3 – Interior Renovation/Tenant Fit Out for Occupancy:

  a. Site plan
  b. As-Bult Drawings of the Building,
  c. Floor Plans (Basement, Ground Second, & Roof)
  d Reflected ceiling plans, as required
  f. Construction Details, as required
  g. Construction notes/Specifications

- Engineering drawings as required prepared by a certified Professional Engineer including, as required by Municipality:

  Phase 1:

  a. Structural (foundation), as required.

  Phase 3:

  a. Mechanical (tenant fit out)
  b. Electrical (tenant fit out)

- Building Re-location Plan prepared by a certified professional engineer. (Phase 1)

- Civil drawings prepared by a certified engineer for water, sewer and storm water services and management, if required by Municipality/Region for servicing connection permits. (Phase 1)

8.2.4 Municipal Approvals

Given the size of the building, Part 9 and Part 11 of the Ontario Building Code will govern. Once the Construction drawings are complete, appropriate required Municipal Approvals will be obtained to ensure compliance with local Municipal regulations including:

a. Committee of Adjustment Application (if required),
b. TRCA Site Permit (if required),
c. Engineering Permits (as required),
d. Demolition/Foundation Permit (Phase 1),
e. Building Permit (Phase 3),
f. Heritage Permit (Phases 1 and 2).

8.2.5 Construction Management

A qualified General Contractor will be retained to manage the execution of the Work itemized in Phases 1 and 2. The General Contractor will carry WSIB clearance and Construction and Liability Insurance.

8.2.6 Subtrades

The success of the execution of the Phase 1 and 2 Work is reliant, in part, on the skills of the trades retained to perform the many construction tasks associated with the project.

Subtrades which are hired must:

- Have education and certification for the tasks they perform;
- Have a least 5 years construction experience in their field;
- Provide examples of similar work they have performed;
- Provide reference from previous clients for whom they have
- performed similar work.

8.2.7 Moving Plan

A Building Re-location plan will be prepared by General Contractor in consultation with the Building mover and a certified professional engineer which will delineate the process by which the building will be re-located including but not limited to:

- Work Plan & schedule;
- Providing knowledgeable and skilled staff;
- Pre-moving structural re-enforcing & bracing;
- Jacking up of the building;
- Designing building cradle for transportation;
- Provide transport to move building;
- Securing permits for the moving of the building; traffic management/road closures; emergency ambulance access to the hospital; cables and power line interruptions;
- Identifying and preparing route for building transportation to new location;
- locating building on new foundation;
- Stabilizing building on new foundation;

Refer to Building Re-location memorandum by Tacoma Engineers in Appendix 3.

8.2.8 General Review

Though not required under the Ontario Building Code for a Part 9 building, General Review for compliance to the Conservation Management Plan will be performed by a certified Heritage professional – in this case Vincent J. Santamaura, Architect Inc., CAHP. Mr Santamaura has been involved in many building relocation, restoration and rehabilitation projects in Vaughan, including The Heritage Lofts on Kipling which won a Vaughan Urban Design award and projects around the Keele and Major MacKenzie intersection in Maple.

9.0 Heritage Assessment – Conservation Management Plan

9.1 Relationship of Content with related HIA

The HIA has identified the following Attributes:

- a solid building mass with punched windows,
- steeply pitched roof,
- “Ontario” sized masonry with a Flemish bond masonry pattern with an accentuating belt course, masonry voussoir window headers,
- stone sills,
- stone surround around the front door, and
- a massive chimney

typical of a Tudor revival Style.

Given the external pressures from the scale of the new hospital, the conservation plan conserves the building and minimizes any loss of the building’s contact to its context with its relocation on site.

The re-location of will reinforce its presence on Liberty St.

Its greater exposure to the street via relocation will improve its roll in defining, maintaining and supporting the hospital use and scale of the area.

The re-location of the building preserves the mass and façade characteristics of the Tudor Revival style.

The repointing of the masonry will preserve the existing Flemish bond masonry pattern and detailing.

The majority of the Heritage Attributes have been preserved.

The renovation and rehabilitation of the building will ensure its continued usefulness.

9.2 Implementing Good Conservation Practices

The Conservation practices proposed in the "Standards and Guidelines for the Conservation of Historic Places In Canada" referred to section 5.0 have been largely implemented:

	Practice	CMP
1	Understanding the exterior form and how it contributes to the heritage value of the historic building.	Yes. Analyzed by CHIA
2	Understanding the design principles used by the original designer or builder, and any changes made to the exterior form over time.	Yes. Analyzed by CHIA
3	Documenting the building's exterior form before undertaking an intervention, including the form and massing, and viewscapes, sunlight and natural ventilation patterns	Implemented
4	Assessing the condition of the building's exterior form early in the planning process so that the scope of work is based on current conditions.	Implemented
5	Protecting and maintaining elements of the building's exterior form through cyclical or seasonal maintenance work.	Implemented
6	Retaining the exterior form by maintaining proportions, colour and massing, and the spatial relationships with adjacent buildings.	Implemented
7	Stabilizing deteriorated elements of the exterior form by using structural reinforcement and weather protection, or correcting unsafe conditions, as required, until repair work is undertaken.	Implemented
8	Protecting adjacent character-defining elements from accidental damage or exposure to damaging materials during maintenance or repair work.	Implemented
9	Documenting all interventions that affect the exterior form, and ensuring that the documentation is available to those responsible for future interventions.	Yes CHIA

10	Reinstating the exterior form by recreating missing, or revealing obscured parts to re-establish character-defining proportions and massing.	N/A
11	Accommodating new functions and services in non-character defining interior spaces as an alternative to constructing a new addition.	Yes
12	Selecting a new use that suits the existing building form.	Yes
13	Selecting the location for a new addition that ensures that the heritage value of the place is maintained.	Yes
14	Designing a new addition in a manner that draws a clear distinction between what is historic and what is new.	N/A
15	Designing an addition that is compatible in terms of materials and massing with the exterior form of the historic building and its setting.	N/A
16	Adding new features to meet health, safety or security requirements, such as an exterior stairway or a security vestibule in a manner that respects the exterior form and minimizes impact on heritage value.	Yes
17	Working with code specialists to determine the most appropriate solution to health, safety and security requirements with the least impact on the character-defining elements and overall heritage value of the historic building.	Yes
18	Finding solutions to meet accessibility requirements that are compatible with the exterior form of the historic building. For example, introducing a gently sloped walkway instead of a constructed ramp with handrails in front of an historic building.	Yes
19	Working with accessibility and conservation specialists and users to determine the most appropriate solution to accessibility issues with the least impact on the character-defining elements and overall heritage value of the historic building.	Yes

10.0 Summary Statements and Recommendations

10.1 Impact on Heritage Value

Based on the analysis of the impact of the development proposal using the criteria employed to determine Heritage value under the Ontario Heritage Act, the development proposal will have no negative impact on the building at 11 Mabel Bruce Way:

- The re-location of the Lambert House closer to Liberty Street will preserve and increase the exposure of the Heritage Design/Physical and Associative/Historical value of the building;
- The demolition of the original north wing of the hospital will improve the visibility of the higher quality Heritage components of the Lambert House, and provide generous buffer space to the house;
- The proposed development respects the traditional siting of buildings in the neighbourhood and matches the existing street siting strategies;
- The scale of the Architecture will be similar;
- the remaining and proposed buildings will observe generous setbacks from the re-located Lambert House so as to not impose on it;
- The re-location of the Lambert House permits the intensification of the site without major impact on the adjoining properties;
- The proposed development continues the natural regeneration of the urban fabric and intensification as envisioned by Provincial and Municipal policies but respecting the past.

11.0 Mandatory Recommendations:

11.1 Mandatory Recommendations regarding the Impact on the Heritage value of the Lambert House, Listed Building at 11 Mabel Bruce Way:

It is the recommendation of this report that:

i) the Lambert House possesses sufficient Design and/or Physical heritage value and Associative and/or Historical heritage value to qualify for Designation under the Ontario Heritage Act;

ii) the Conservation Management Plan prepared by Vincent J. Santamaura, Architect Inc. be executed which includes:

a. Phase 1: the re-location of the Lambert House elsewhere on the Hospital property and mothballing;
b. Phase 2: the restoration of the exterior elevations and building envelope to maintain its Heritage attributes; and
a building shell renovation to upgrade the building to current building standards;

iii) following the re-location and restoration, and completion of the hospital construction, the Lambert House be Designated under Part IV of the Ontario Heritage Act;

iv) for occupancy of the Lambert House, internal tenant fit out alterations be permitted to be undertaken under separate permits (Phase 3);

v) the proposed Conservation Management Plan will have no negative impact on the Heritage value of the Lambert House, and

vi) this report be received and recommended for approval.

12.0 Authorship

Report Prepared By:

VINCENT J. SANTAMAURA, ARCHITECT INC. **Date:** 06 September, 2024

Vincent J. Santamaura, B. Arch, OAA, MRAIC, CaBGC, CAHP (Building Specialist)
Principal Architect/President

Appendix 1: Bibliography

1.1 Books A, C, D, F, Lot 10, Concession No.1, Township of Bowmanville (Darlington), Ontario Land Register, Parcel Registry, (on Microfiche), Land Registry Office # 40, Ministry of Government Services, Province of Ontario.

1.2 Site Visits – 17 October 2018, 16 February 2024, 14th August, 2024, 23rd August, 2024, 3rd September, 2024.

1.3 Bowmanville Centennial Committee, "Bowmanville, A Retrospective", 1958. (from the Collection of the Clarington Museum and Archives)

1.4 Reformer Print, "Commercial and Industrial Edition of Port Hope, Bowmanville, Orono and Newcastle, Ontario". Oshawa, 1916 (from the Collection of the Clarington Museum and Archives)

1.5 Bowmanville, Town Of, "Bowmanville History Project". 1980. (from the Collection of the Clarington Museum and Archives)

1.6 The Canadian Stateman, "Numerous Articles" Bowmanville. 1950-2000. (from the Collection of the Clarington Museum and Archives)

1.7 Bowmanville Hospital Board, "Minute Book of Meetings", as transcribed by Elsie Lunney 1913-1960. Clarington Museum and Archives

1.8 Belden, H & Co. "Illustrated historical atlas of the counties of Northumberland and Durham, Ont." Toronto, 1878.

1.9 Historic Places Canada, "Standards and Guidelines for the Conservation of Historic Places In Canada", Second Addition, , Government of Canada, 2010.

1.10 Ontario Ministry of Tourism, Culture and Sport, "Ontario Heritage Toolkit", Queen's Printer for Ontario, 2006.

1.11 Ontario Ministry of Tourism, Culture and Sport, "Eight Guiding Principles in the Conservation of Built Heritage Properties", Ministry of Tourism, Culture and Sport, Queen's Printer for Ontario, 2007.

1.12 Natural Resources Canada, Earth Observation Data Management System. Aerial Photographic Collection, National Aerial Photographic Library, Ottawa.

1.13 http://google.com/maps

Appendix 2: Methodology

The methodology used to research, analyze and assess the heritage value and interest of the subject property was as follows:

i) Review of Terms of Reference of Heritage Impact Assessments prepared by the Municipality;

ii) Review of Provincial Legislation and Policy Statements affecting Municipal Growth and Heritage;

iii) Review of Regional and Municipal Official Plans with respect to Heritage;

iv) Engage in an on-site visit to document and assess the building(s) with respect to:
- Physical Architectural attributes,
- Heritage components and detailing
- Condition of exterior building envelope and structure,
- Mechanical systems
- Electrical systems
- Interior design treatments;

v) Engage in historical research in collections of Local Civic Archives, Public Library and Historical Societies;

vi) Engage in research at the Ontario Land Registry;

vii) Review and Assess Development Proposal;

viii) Prepare report.

Appendix 3: Structural Report by Tacoma Engineers

11 Mabel Bruce Way (Nurses Residence)
Structural Condition Assessment

11 Mabel Bruce Way (11 Lambert Street)
Bowmanville, Ontario

Prepared by:

TACOMA ENGINEERS

176 Speedvale Avenue West
Guelph, ON
TE-44025-24

September 6, 2024

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1. Introduction

Tacoma Engineers has been retained by Lakeridge Health (LH) to carry out a structural condition assessment of a 2-storey plus attic masonry building located at 11 Mabel Bruce Way in Bowmanville, also known as the Nurses Residence.

Tacoma Engineers was retained by LH on July 10th, 2024. The undersigned attended the site on July 29th, 2024, accompanied by Marina Moukhortova as a representative of LH.

This report includes a summary of the following items for the building:

- major structural systems;
- existing structural conditions and areas of potential concern;
- conceptual repair options for any areas that may require remedial work; and
- feasibility of relocation.

2. Background

LH owns the building in question, and Tacoma Engineers is being retained as a Consultant directly by the Owner.

This assessment is being undertaken by the Owner and is intended to form part of the early preparation related to future development of the site for a new hospital. This report is not being prepared as a response to an Order; however, it may form part of ongoing discussions currently underway with the local municipality.

The primary purpose of this assessment is to provide a snapshot of the existing building conditions and to provide an initial summary of the feasibility of relocating the building to a nearby site.

This report is based on a visual inspection only and does not include any destructive testing. Where no concerns were noted, the structure is assumed to be performing adequately. The structure is assumed to have been constructed in accordance with best building practices common at the time of construction. No further structural analysis or building code analysis has been carried out as part of this report unless specifically noted.

No previous work has been completed by Tacoma Engineers on this building for this or any other owner.

No sub-consultants have been retained by Tacoma Engineers to participate in this assessment.

3. Building History

The Nurses Residence was designed by the architect Douglas Edwin Kertland, and constructed in 1926 by contractor T.E. Flaxman. The building is a good example of a brick Tudor revival, constructed as a two-storey masonry building plus an attic, complete with wood-framed floors and partition walls[1]. It measures approximately 600 m^2 in gross building area, excluding the basement.

[1] *Planning Services Report, Report PSD-030-18*, Submitted by David Crome, Director of Planning Services, and reviewed by Andrew C. Allison, CAO.
https://weblink.clarington.net/WebLink/ElectronicFile.aspx?docid=126644&dbid=0

4. Scope and Methods

The following documents were provided to the undersigned prior to the preparation of this report:

- Hand sketches of floor layouts (NTS).

The assessment of the building is based on a visual assessment from grade. Note that most the spaces in the building have applied finishes that preclude a direct visual assessment of the structural systems. Limited areas are unfinished, and a review of the primary structure was possible in these areas.

A site visit was carried out by Gerry Zegerius, P.Eng., on July 29th, 2024, accompanied by Marina Moukhortova as a representative of LH. A visual review of all accessible spaces was completed on this date, and photographs were taken of all noted deficiencies.

5. Definitions

The following is a summary of definitions of terms used in this report describing the condition of the structure as well as recommended remedial actions. Detailed material condition definitions are included in Appendix A of this report.

- **Condition States**[2]:
    1. Excellent – Element(s) in "new" condition. No visible deterioration type defects present, and remedial action is not required.
    2. Good – Element(s) where the first signs of minor defects are visible. These types of defects would not normally trigger remedial action since the overall performance is not affected.
    3. Fair – Element(s) where medium defects are visible. These types of defects may trigger a "preventative maintenance" type of remedial action where it is economical to do so.
    4. Poor – Element(s) where severe or very severe defects are visible. These types of defects would normally trigger rehabilitation or replacement if the extent and location affect the overall performance of that element.
- **Immediate remedial action**[2]**:** these are items that present an immediate structural and/or safety hazards (falling objects, tripping hazards, full or partial collapse, etc.). The remedial recommendations will need to be implemented immediately and may include restricting access, temporary shoring/supports or removing the hazard.

- **Priority remedial action**[2]**:** these are items that do not present an immediate hazard but still require action in an expedited manner. The postponement of these items will likely result in the further degradation of the structural systems and finishes. This may include interim repairs, further investigations, etc. and are broken down into timelines as follows:
    1. **Short-term**: it is recommended that items listed as short-term remedial action are acted on within the next 6 months (**before the onset of the next winter season**).
    2. **Medium-term:** it is recommended that items listed as medium-term remedial action are acted on within the next 24 months.
    3. **Long-term:** it is recommended that items listed as long-term remedial action are acted on within the next 5-10 years. Many of these items include recommendations of further review/investigation.

[2] Adapted from "Structural Condition Assessment", 2005, American Society of Civil Engineers/Structural Engineering Institute

- **Routine maintenance**[2]: these are items that can be performed as part of a regularly scheduled maintenance program.

In addition to the definitions listed above, it should be noted that the building in question is listed on the municipal heritage register as a building with Heritage Merit. The Standards and Guidelines for the Conservation of Historic Places in Canada provide direction when a structural system is identified as a character-defining element of an historic place. They also provide direction on maintaining, repairing, and replacing structural components or systems[3]. Refer to the General Guidelines for Preservation, Rehabilitation, and Restoration to further inform the development of more detailed remedial actions.

6. General Structural Conditions

The building is constructed as a two-storey masonry and wood-framed structure. Exterior walls are constructed with multi-wythe brick, several interior bearing walls are assumed to be constructed with wood-framing, and the roof and floors are constructed with wood framing.

Due to the layout of the building, and the extent of finishes throughout, this report has been arranged by floor, with specific attention called to rooms or areas where deficiencies were noted.

6.1. Attic

Construction

The attic floor is constructed with 2x10 wood joists spaced at 16” on centre. The sloped roof is visible in the attic space, although the installation of drywall to the underside precludes the confirmation of the rafter size and spacing. Wood-framed kneewalls are constructed along the length of the attic immediately above the loadbearing lines on carrying down through the building.

[3] “Standards and Guidelines for the Conservation of Historic Places in Canada”, 2nd Edition, 2010, www.historicplaces.ca

Photograph 1: Attic space (typical)

Conditions
The attic space appears to be in good condition. There was no sign of substantial water ingress and the stored materials in the attic are relatively light.

Recommended Actions
The following **routine maintenance** actions are recommended for the attic:

- Maintain roof shingle to ensure that water ingress does not begin to negatively impact the structure.
- Limit storage in the attic to light materials not exceeding a uniformly applied load of 0.5 kPa (10 psf). If additional storage is required, an analysis of the attic framing would be required to determine the maximum safe storage load.

6.2. Second Floor

Construction
It was not possible at the time of the review to identify the floor framing of the second floor; however, it is likely that the floor framing is supported on the hallway walls and exterior walls. All spaces on the second floor, including several separate offices and a central hallway, are completed with interior finishes including drywall and laminate flooring.

Conditions
The second floor is in good condition. There are no signs of structurally significant deterioration.

Recommended Actions
There are no recommended actions for the second floor.

6.3. Ground Floor

Construction

It was not possible at the time of the review to identify the floor framing of the ground floor; fire ratings have been applied to the underside of the floor framing. It appears that the direction of the floor joists changes throughout the floor area to make best use of the basement loadbearing walls. All spaces on the ground floor, including several separate offices, a central hallway, and a reception space are completed with interior finishes including drywall and laminate flooring.

Conditions

The ground floor is in good condition. There are no signs of structurally significant deterioration.

Recommended Actions

There are no recommended actions for the ground floor.

6.4. Basement

Construction

The exterior foundation appears to be constructed with a combination of cast-in-place concrete and multi-wythe brick. Interior loadbearing walls appear to be constructed with multi-wythe brick covered with a parging coat. The majority of the space is unfinished, with the exception of the fire-ratings applied to the ceiling. The basement is largely unoccupied and houses a variety of mechanical services.

Conditions

The basement is generally in good condition. Some efflorescence was noted on the exterior walls, indicating an ongoing water ingress through the foundation walls.

Photograph 2: Exterior foundation wall (typical)

The medium concrete scaling does not appear to have compromised the structural integrity of the foundation walls.

Recommended Actions

The following **routine maintenance** actions are recommended for the basement:

- Monitor the conditions of the basement and take action to limit water ingress. The site is generally sloped away from the building, and as such a significant water ingress issue is not expected.

6.5. Exterior

Construction

The exterior of the building is constructed with multi-wythe masonry, built with a common bond varied with a Flemish header course provided every fourth course. Window and door lintels are constructed with rowlock arches, varying in height between two and three (2-3) courses, depending on the size of the opening. Sills appear to be constructed with precast concrete provided with a drip edge on the underside.

Conditions

The exterior masonry is in generally good condition, with localized areas in fair condition. Medium mortar deterioration was noted on the south elevation near the east corner.

Photograph 3: Mortar deterioration at south elevation, east corner

Poorly executed masonry repairs were noted on the east elevation at the south corner, including cut out head joints that extend into masonry units above and below and incompatible mortar. Similar conditions were noted on the east elevation at the north corner and on the north elevation at the upper east corner.

Photograph 4: Poorly executed masonry repairs (typical)

Medium mortar deterioration is visible at several lintels at various locations, including the loss of mortar in some head joints.

Photograph 5: Lost mortar in head joints of arch (typical)

The tall narrow chimney on the north elevation appears to be generally in good condition with some localized head joints deteriorated.

Photograph 6: Chimney, north elevation

Recommended Actions

The following **medium-term** remedial actions are recommended for the exterior:

- Carry out a comprehensive assessment of the exterior masonry and carry out repairs as required, including localized joint cut-out and repointing, brick unit replacement (as required), and replacement of exterior sealants where required.

7. Relocation Feasibility

Tacoma Engineers was asked to review the relocation feasibility of the Nurses Residence, with respect to the suitability of the structural elements only. It is assumed that grading of the proposed site would be similar to that of the existing house location for the purposes of the discussion below. It is assumed that the wood-framed ramp on the north elevation would not be relocated.

The relocation of a building is generally carried out as follows:

- Complete the design and construction of a new foundation at the proposed location of the building's final site. Make accommodations (pockets, openings, etc.) to suit temporary supports such that the structure can be set on top of the new foundation without interference of the temporary supports.
- Install temporary supports around the primary structural support locations of the building at the lowest level in its original location, including:
    - exterior walls;
    - interior loadbearing walls;
    - interior pad footings; and
    - interior strip footings.
- Cut all connections between the house and its foundation.
- Cut all service connections to the house, including all plumbing and electrical connections.
- Remove any and all stored material from the structure, including finishes that are intended for replacement in the new location.
- Install jacking beams to lift the house from its original foundation.
- Move the temporarily supported structure from its original location to the proposed relocation site.
- Secure the structure to the new foundation.
- Carry out restoration and renovation work as planned, including repairs or replacement of damaged and brittle finishes and/or other materials.

The building at 11 Mabel Bruce Way would require, at minimum, supports at the following locations:

- the exterior perimeter; and
- all interior basement walls.

It is also recommended that bracing be installed to support the masonry chimney at the north elevation.

Structures that are smaller in size and constructed of materials that can accommodate some movement are the best candidates for relocation. While the majority of the Nurses Residence is constructed with multi-wythe brick, the building is currently in good repair and, assuming that the distance to the new location is relatively small, it is expected that a contractor experienced in moving buildings can successfully reinstate the building in its new proposed location with minimal damage during the process.

The risk of damage to brittle finishes and materials that cannot accommodate movement, such as drywall and plaster finishes and brick masonry, is increased with the increasing distance of the move. The distance of the move should be considered in the design of temporary bracing on the structural and in discussions with a qualified moving contractor. Finally, the recommendations for masonry repairs should be deferred until after the building has been relocated, should this course of action be taken.

8. Summary of Recommendations

The following provides a summary of the recommendations for the existing structure.

Items requiring medium-term remedial action:

1. Carry out a comprehensive assessment of the exterior masonry and carry out repairs as required, including localized joint cut-out and repointing, brick unit replacement (as required), and replacement of exterior sealants where required.

Items requiring routine maintenance:

1. Maintain roof shingle to ensure that water ingress does not begin to negatively impact the structure.
2. Limit storage in the attic to light materials not exceeding a uniformly applied load of 0.5 kPa (10 psf). If additional storage is required, an analysis of the attic framing would be required to determine the maximum safe storage load.
3. Monitor the conditions of the basement and take action to limit water ingress. The site is generally sloped away from the building, and as such a significant water ingress issue is not expected.

9. Conclusions

In general, the building is in good condition. Finishes on the ground and second floors are intact and do not show signs of structurally significant deterioration. The basement and attic are essentially unfinished and unoccupied. The exterior masonry is in good repair, with localized areas of concern that could be addressed with relatively minor repairs and maintenance.

It is possible to move the building from its current location; however, it is recommended that the Owner coordinate this process closely with a contractor experienced in moving structures of this size and height.

Please contact the undersigned with any further questions or comments.

Per

Gerry Zegerius, P.Eng., CAHP
Structural Engineer, Senior Associate
Tacoma Engineers

Appendix A: Material Condition Definitions

Condition States[4]:

1. Excellent – Element(s) in "new" condition. No visible deterioration type defects present and remedial action is not required.
2. Good – Element(s) where the first signs of minor defects are visible. These types of defects would not normally trigger remedial action since the overall performance is not affected.
3. Fair – Element(s) where medium defects are visible. These types of defects may trigger a "preventative maintenance" type of remedial action where it is economical to do so.
4. Poor – Element(s) where severe or very severe defects are visible. These types of defects would normally trigger rehabilitation or replacement if the extent and location affect the overall performance of that element.

Steel Corrosion[1]:

SC1. Light – Loose rust formation and pitting in the paint surface. No noticeable section loss.
SC2. Medium – Loose rust formation with scales or flakes forming. Up to 10% section loss.
SC3. Severe – Stratified rust with pitting of metal surface. Between 10% and 20% section loss.
SC4. Very Severe – Extensive rusting with local perforation or rusting through, in excess of 20% section loss.

Timber Checks, Splits and Shakes[1]:

TCh1. Light – Extend less than 5% into the member.
TCh2. Medium – Extend between 5% and 10% into the member.
TCh3. Severe – Extend between 10% and 20% into the member.
TCh4. Very Severe – Extend more than 20% into the member.

Timber Cracking, Splintering and Crushing[1]:

TCr1. Light – Damage is superficial with less than 5% section loss.
TCr2. Medium – Considerable damage with 5% to 10% Section loss.
TCr3. Severe – Significant damage with 10% to 20% Section loss.
TCr4. Very Severe – Extensive damage with section loss in excess of 20%.

Timber Rot/Decay[1]:

TR1. Light – Slight change in colour. The wood sounds solid and cannot be penetrated by a sharp object. Damage is superficial with less than 5% section loss.
TR2. Medium – Surface is discoloured with black and brown streaks. The wood sounds solid and offers moderate resistance to penetration by sharp object. Considerable damage with 5% to 10% Section loss.
TR3. Severe – Surface is fibrous, checked or crumbly and fungal fruiting bodies are growing on it. The wood sounds hollow when tapped and offers little resistance to penetration by sharp object. Significant damage with 10% to 20% Section loss.
TR4. Very Severe – The surface can be crumbled and disintegrated with ease. Extensive damage with section loss in excess of 20%.

[4] Adapted from "Ontario Structure Inspection Manual (OSIM), 2000 (Rev. 2008)" by the Ministry of Transportation Ontario (MTO)

Masonry Cracking[5]:
MC1. Hairline Cracks – Less than 0.1 mm wide.
MC2. Narrow Cracks – Between 0.1 and 0.3 mm wide.
MC3. Medium Cracks – Between 0.3 and 1.0 mm wide.
MC4. Wide Cracks – Greater than 1.0 mm wide.

Masonry Splitting, Spalling and Disintegration[1]:
MS1. Light – Hairline cracking and minor loss of stone surface with loss of section up to 50 mm.
MS2. Medium – Considerable damage with 5% to 10% Section loss.
MS3. Severe – Significant damage with 10% to 20% Section loss.
MS4. Very Severe – Extensive damage with section loss in excess of 20%.

Mortar Deterioration
MD1. Light – Mortar lost from the joints in a few places, to a depth of 10 mm.
MD2. Medium - Mortar lost from the joints in a few places, to a depth of 20 mm
MD3. Severe – Mortar lost from the joints over an extended area, to a depth between 20 and 50 mm.
MD4. Very Severe – Extensive loss of mortar resulting in the loss of a few stones.

Concrete Scaling[1]:
CSc1. Light - Loss of surface mortar to a depth of up to 5 mm without exposure of coarse aggregate.
CSc2. Medium - Loss of surface mortar to a depth of 6 to 10 mm with exposure of some coarse aggregates.
CSc3. Severe - Loss of surface mortar to a depth of 11 mm to 20 mm with aggregate particles standing out from the concrete and a few completely lost.
CSc4. Very severe - Loss of surface mortar and aggregate particles to a depth greater than 20 mm.

Concrete Spalling[1]:
CSp1. Light - Spalled area measuring less than 150 mm in any direction or less than 25 mm in depth.
CSp2. Medium - Spalled area measuring between 150 mm to 300 mm in any direction or between 25 mm and 50 mm in depth.
CSp3. Severe - Spalled area measuring between 300 mm to 600 mm in any direction or between 50 mm and 100 mm in depth.
CSp4. Very Severe - Spalled area measuring more than 600 mm in any direction or greater than 100 mm in depth.

Concrete Delamination[1]:
CD1. Light - Delaminated area measuring less than 150 mm in any direction.
CD2. Medium - Delaminated area measuring 150 mm to 300 mm in any direction.
CD3. Severe - Delaminated area measuring 300 mm to 600 mm in any direction.
CD4. Very Severe - Delaminated area measuring more than 600 mm in any direction.

Concrete Cracking[1]:
CC1. Hairline Cracks – Less than 0.1 mm wide.
CC2. Narrow Cracks – Between 0.1 and 0.3 mm wide.
CC3. Medium Cracks – Between 0.3 and 1.0 mm wide.
CC4. Wide Cracks – Greater than 1.0 mm wide.

[5] Adapted from "Ontario Structure Inspection Manual (OSIM), 2000 (Rev. 2008)" by the Ministry of Transportation Ontario (MTO)

Corrosion of Reinforcement[1]:

CR1. Light - Light rust stain on the concrete surface

CR2. Medium - Exposed reinforcement with uniform light rust. Loss of reinforcing steel section less than 10%

CR3. Severe - Exposed reinforcement with heavy rusting and localized pitting. Loss of reinforcing steel section between 10% and 20%

CR4. Very severe - Exposed reinforcement with very heavy rusting and pitting. Loss of reinforcing steel section over 20%.

Immediate remedial action[6]**:** these are items that present an immediate structural and/or safety hazards (falling objects, tripping hazards, full or partial collapse, etc.). The remedial recommendations will need to be implemented immediately and may include restricting access, temporary shoring/supports or removing the hazard.

Priority remedial action[1]**:** these are items that do no present an immediate hazard but still require action in an expedited manner. The postponement of these items will likely result in the further degradation of the structural systems and finishes. This may include interim repairs, further investigations, etc. and are broken down into timelines as follows:

1. **Short-term:** it is recommended that items listed as short-term remedial action are acted on within the next 6 months (before the onset of the next winter season).
2. **Medium-term:** it is recommended that items listed as medium-term remedial action are acted on within the next 24 months.
3. **Long-term:** it is recommended that items listed as long-term remedial action are acted on within the next 5-10 years. Many of these items include recommendations of further review/investigation.

Routine maintenance[1]**:** these are items that can be performed as part of a regularly scheduled maintenance program.

[6] Adapted from "Structural Condition Assessment", 2005, American Society of Civil Engineers/Structural Engineering Institute

Appendix 4: Biography of Author:

SELECTED PROFESSIONAL RESUME

Vincent J. Santamaura, B. Arch, MOAA, MRAIC

Overview:
Vincent has evolved his close to 30 years of experience in the Construction Industry from Vincent J. Santamaura, Architect into a founding partner of *SRN* Architects Inc. A creative designer, familiar with a variety of Building systems, and the Building and Approvals process, he applies his knowledge to solving the building needs of his clients.

Trained and registered as an Architect, Vincent graduated from the University of Toronto. He has been active in the Greater Toronto Area – from downtown infill housing to new communities to historic renovations, adaptive re-use to high-rise. Vincent has worked for award winning architectural firms and has run his own practice. He has worked for a large land developer/home builder as Staff Architect and Community Planner where he was responsible for designing new communities, lotting modules and commercial and residential unit forms. Fully versed in the grand picture, Vincent applies his knowledge and experience back into the urban and architectural design fields.

Familiar with a variety of building systems, Vincent is comfortable designing in steel frame, cast-in place concrete or wood or light gauge steel framing. His design solutions balance urban concerns, client needs, and budget demands. Sustainability has always been an interest of Vincent's since his university days having been involved in passive energy design since the first oil crisis, and this has led to an interest in building envelope systems and an exploration of the new techniques. Fundamentally, though, it is the satisfaction of the client's needs that drives the building design solution and the delivery of it on time and on budget.

Vincent derives a large amount of his design inspiration from our Ontario Heritage. He's been the Chair of the Uxbridge LACAC and has been active in the preservation efforts of the Foster Memorial and the Lucy Maud Montgomery House, both in Leaskdale. He designed the York/Durham Heritage Railway/Go Train Station in Stouffville, and renovations to the Goodwood Town Hall (1875) and the Uxbridge Music Hall (1901). With these works, Vincent has developed strong interpersonal skills interacting with various communities, committees and municipal governments. This sensitivity to the existing built (and social) environment ensures that any design intervention will respect its neighbours.

Keenly aware of the complex issues and interests in building communities, Vincent uses his design skills, his consensus building skills and his experience to arrive at a balanced solution to any design challenge.

Professional Memberships:

2010 to present – Member, Building Specialist, Canadian Association of Heritage Professionals
1981 to present – Member, Ontario Association of Architects, Registered 1988
1983 to present – Member, Royal Architectural Institute of Canada

Community Memberships:

Currently - Member, Heritage Whitby/LACAC, Town of Whitby
2015 to 2018 - involved in Local Architectural Conservation Advisory Committee to the Town of
2009 to 2012 Whitby

1993 to 1996 - Member/Chairman, Heritage Uxbridge/LACAC, Town of Uxbridge
- involved in Local Architectural Conservation Advisory Committee to the Town of Uxbridge

1993 to 2002 - Member, Friends of the Foster Memorial, Town of Uxbridge
- involved in the fund raising, preservation and designation efforts for the Foster Memorial in the Town of Uxbridge

1994 to 2002 - Member, York/Durham Heritage Railway Association, Stouffville
- involved the running of the heritage railway between Stouffville and Uxbridge

1995 to 1998 - Member, Celebration of the Arts Committee, Town of Uxbridge
- involved in organizing the annual Cultural Celebration in the Town of Uxbridge

Professional Activities and Selected Projects:

Expert Witness – Heritage Matters:

Expert Witness – Heritage Matters: Ontario Municipal Board -
Recognized as an Expert in Heritage Matters by the Ontario Municipal Board for Testimony during Dunbar Homes Appeal of the City of Mississauga Refusal to Enact By-Law no. 0225-2007

Expert Witness – Heritage Matters: Ontario Municipal Board
Recognized as an Expert in Heritage Matters by the Ontario Municipal Board for Testimony during Testimony for Vitmont Holding Inc Appeal of the Town of Aurora Non-Decision on Site Plan for 15160 Yonge Street & No. 5 Tyler Street, Aurora

Expert Witness – Heritage Matters: Ontario Municipal Board -
Recognized as an Expert in Heritage Matters by the Ontario Municipal Board for Testimony during Ballantry Homes Appeal of the Town of Markham By-Law no. 2006-78

Heritage Impact Statements/Reports:

Heritage Impact Statement/Conservation Plan – 68 Daisy Street, City of Toronto (Etobicoke):
Analyzed and authored a Heritage Impact Assessment and Conservation Strategy for the Vincent Massey Public School on the impact of a new cluster of townhouses proposed around it in the City of Toronto.

Cultural Heritage Impact Review Assessment/ Conservation Plan - 8161 & 8177 Kipling Avenue, (The Thomas Wright House and the McGillivray-Shore House) City of Vaughan:
Heritage Architect & Architect who analyzed and authored a Cultural Heritage Impact Assessment/ Conservation Plan for the re-location and renovation of two Designated Homes and the impact of a proposed stacked townhouse project in the Woodbridge Heritage Conservation District, in the City of Vaughan.
2017 Vaughan Urban Design Award winner.

Cultural Heritage Impact Review Assessment/Conservation Plan –
The Thomas Watson House
8934 Huntington Road, City of Vaughan:
Architect/Heritage Architect who analyzed and authored a Cultural Heritage Impact Statement and Conservation plan for the renovation of a formerly Designated Home as part of the proposed Arlington Estate Banquet Hall re-development project in the City of Vaughan.

Heritage Impact Statement – 4583, 4589 & 4601 Mississauga Road, City of Mississauga:
Analyzed and authored a Heritage Impact Statement for the impact of a new cluster of homes on the Credit River Cultural Landscape (Heritage Registered Inventory) and the Mississauga Road Scenic Route (Heritage Register Inventory) in the City of Mississauga**.**

Heritage Impact Assessment - 6 Mann Street, Clarington (Bowmanville):
Analyzed and authored a Heritage Impact Assessment for the impact of an infill project of three single detached homes in the Town of Clarington (Bowmanville).

Heritage Impact Statement – 4390 Mississauga Road, City of Mississauga:
Analyzed and authored a Heritage Impact Statement for the impact of a proposed semi-detached and townhouse development on the Mississauga Road Scenic Route (Heritage Register Inventory) in the City of Mississauga.

Heritage Impact Statement –10056 & 10068 Keele Street
(Le Sedici Viletti) City of Vaughan:
Analyzed and authored a Cultural Heritage Impact Statement for a proposed townhouse project in the Woodbridge Heritage Conservation District, in the City of Vaughan.

Heritage Impact Statement/Conservation Plan - Stiver Tenant House-9721 Kennedy Road, City of Markham
Heritage Architect who analyzed and authored a Cultural Heritage Impact Assessment/Conservation Plan for the conservation, re-location, renovation, and addition of a Designated Stiver Tenant Home project in the Town of Markham.

Restoration:

The Music Hall (1901), Uxbridge:
Architect for the renovation of the cultural centre of the thriving artistic life of Uxbridge since 1901. The facilities of the Historically Designated Music Hall were updated, and the stage was restored.

Adaptive Re-Use:

11 Woodlawn Avenue, Toronto:
Project Architect for a conversion of a church building into condominium suites. The existing 4,000 sf building shell had another 8,000 sf of building area inserted into its envelope to create six luxury 2-storey units.

Mixed Use Projects:

Old Brooklin-The Mews, Brooklin:
Architect for the infill and extension of downtown Brooklin's Heritage District's main street with a mixed-use project using traditional living above retail programming and local heritage architectural styles.

Institutional:

Go Transit Stouffville and York Durham Heritage Railway Terminus, Stouffville:
Architect for the Heritage inspired Go Transit Station Stouffville which also acts as a terminus station for the York Durham Heritage Railway line between Stouffville and Uxbridge.

Commercial:

10 Richmond Street, Maple:
Architect for a commercial infill building in Downtown Maple's Heritage, currently approved by the City of Vaughan Heritage Committee, the Maple Streetscape Committee and City of Vaughan Council.

Architectural Control Guidelines:

Spring Creek, Waterdown:
Control Architect who created Architectural Control Guidelines which selected all components for the accurate re-creation of Georgian, Edwardian, Queen Anne, Arts & Crafts and Canadiana styles in this heritage inspired residential community.

Kleinburg Estates, Vaughan (Kleinburg):
Control Architect who created Architectural Control Guidelines which selected all components for the accurate re-creation of Georgian, Queen Anne, Second Empire and Victorian styles in this residential community in the Heritage Conservation District of Kleinburg.

End of Report