

# **Moose Jaw Municipal Heritage Awards 2017 - Nomination Form**

## **Nomination Deadline: December 15, 2017**

Send your nomination to:

City of Moose Jaw  
City Clerk/Solicitor's Department  
228 Main St. N – 2<sup>nd</sup> Floor  
Moose Jaw SK S6H 3J8

**Attention: Moose Jaw Heritage Advisory Committee**

### **Award Categories:**

1. **Stewardship** – Long term care of a heritage property. Protecting, maintaining and/or stabilizing the existing materials, form and integrity of a heritage place while protecting its heritage value.
2. **Restoration** - Accurately revealing, recovering or representing the state of a historic place as it appeared at a particular period in its history, while protecting its heritage value.
3. **Adaptive Reuse** - Making possible the continuing or compatible contemporary use of a historic place, through repair, alterations, and/or additions while protecting its heritage value.
4. **Advocacy/Heritage Education** - Recognizes the efforts of individuals or groups that are advocating heritage or promoting the conservation of a heritage site, or are increasing public awareness of heritage issues.
5. **Sympathetic New Construction** - Recognizes new design that respects the heritage character of an associated property, immediate context or neighbourhood. This takes into consideration the compatibility of the new buildings or additions with the heritage character of the streetscape, setting or neighbourhood in terms of architectural design, scale, form, materials and minimal intervention.
6. **Heritage Tradespeople/craftspeople** – Recognizes the skills of an individual or team in trades and craft professions relative to a heritage conservation project.

**An award may or may not be awarded in each category.**

**Nominated Project**

Award Category:

Building/Project Name:

Address:

Owner/Property Steward:

Address:

Phone number:

Email:

Please provide a brief description of the project and why you feel that it is deserving of the award category that you are nominating it for.

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**Nominator**

Name:

Affiliated Organization (if applicable):

Address:

Phone Number:

Email: