



Heritage Conservation Plan
Isolation Hospital
65 Delhi Street, Guelph
Final Report March 30, 2023

+VG ARCHITECTS
THE VENTIN GROUP LTD.

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Cover Image: Guelph General - Isolation Hospital
Postcard image dated 1915, range from 1910 to 1920.
Source: Guelph Museums, The Collections

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Heritage Conservation Plan Introduction

1.1 Project Introduction

The former Isolation Hospital building at 65 Delhi Street in Guelph is proposed to have a new use as transitional housing by its new owner, the County of Wellington. +VG Architects has been retained by the County of Wellington, to prepare this Heritage Conservation Plan as part of the Site Plan Approval application.

Previously, +VG prepared a Cultural Heritage Resource Impact Assessment (CHRIA) as part of Zoning By-Law Amendment which was approved in June 2022. The CHRIA recommended preparation of a Conservation Plan to guide the retention and conservation of the building's Character-Defining Elements (CDE), as noted in the Pre-Consultation Site Plan Application Staff Comments dated June 1, 2022.

This Conservation Plan is informed by requirements of the *Ontario Heritage Act*, the *Provincial Policy Statement (PPS) 2020*, the *Ontario Heritage Toolkit*, Ontario Heritage Trust guidelines for *Conservation Plans for Heritage Properties* and *Standards and Guidelines for the Conservation of Historic Places in Canada*. It is also informed by over 50 years of architectural practice experience and other resources such as international conservation practice guidance from the U.S. National Park Service, ICOMOS and Association for Preservation Technology.

1.2 Property Description

The historic Isolation Hospital was constructed in 1911 as part of the Guelph General Hospital campus. It followed construction of a Nurses Residence¹ (55 Delhi) built the year prior in 1910. The two buildings are similar in style, both considered to be Edwardian Classicism, however designed by two different architects. The Nurse's Residence was designated under Part IV of the Ontario Heritage Act in 2018. The Isolation Hospital is currently listed on the City of Guelph's heritage inventory and in the process of designation.

The proposed new use for the Isolation Hospital is transitional housing which will provide living space and support programs for marginalized people. The length of stay for each resident is anticipated to be a few months as longer term housing is found.

The building located north of the downtown core was constructed as part of the expanded campus of medical buildings for Guelph General Hospital. A Fire Insurance Plan from 1916 shows its relationship to the hospital campus, set back from Delhi Street and the adjacent Nurse's Residence which was constructed a year earlier.

1.3 Scope of the Heritage Conservation Plan

This Cultural Heritage Conservation Plan has been undertaken as a recommendation of the CHRIA and required with the passing of Zoning By-Law (2021)-20617. The overall approach for the conservation of the heritage property was established in the CHRIA which informs the decisions and directions for the development of this Conservation Plan.

The Isolation Hospital is listed on the City of Guelph's heritage inventory and anticipated to have its CDEs protected under an individual heritage designation by-law similar to the Nurse's Residence. The City's Heritage Planning staff have completed a review of the subject property and determined that the former Isolation Hospital at 65 Delhi Street meets five of the prescribed criteria for determining cultural heritage value or interest, according to *Ontario Regulation 569/22*.

Staff's Statement of Significance and CDEs were supported by Heritage Guelph at their March 13th, 2023 meeting. Staff's report to Council on April 18 is recommending that Council issue its intention to designate 65 Delhi Street under Part IV of the Ontario Heritage Act. CDEs of the building have been provided in the Mandatory Pre-Consultation Summary, Heritage Planning section as well as provided in the CHRIA.

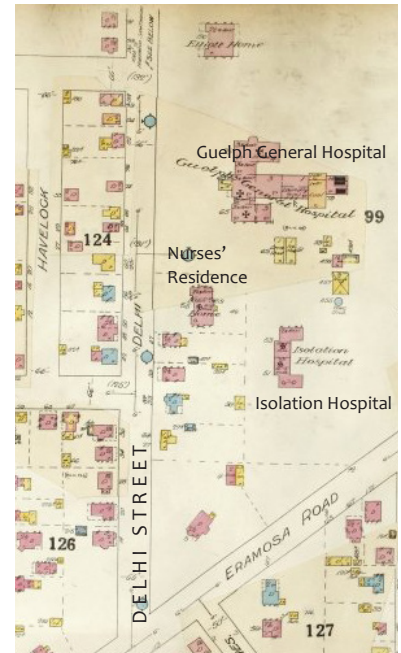
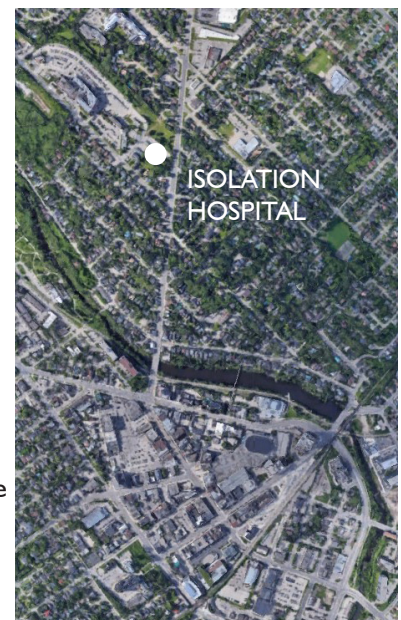


Image of Fire Insurance Plan, 1916.
Source: Guelph Museum & Archives
Image shows the location of the Isolation Hospital a few years after construction, and proximity to the Nurse's Residence and Guelph General Hospital. Text labels have been overlaid on the map to indicate the three facilities on Delhi St.



Google Map showing the location of the Isolation Hospital north of downtown Guelph.

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Heritage Conservation Plan Description + Analysis

2.1 Description of the Isolation Hospital

The Guelph General Hospital opened in 1875 on a four-acre site on Delhi Street with 12 beds. Over the years, several new buildings were added to the growing hospital campus including a Nurses' Residence (1910) and the Isolation Hospital (1911) 'for patients with diphtheria, smallpox, cholera or typhoid'². Both buildings are good examples of Edwardian Classicism, a popular style at the time. While similar in overall design appearance, the buildings were designed by different architects. The Isolation Hospital was designed by local architectural firm Tanner and Tanner, father William Thomas Tanner and his son William Clarence Tanner. The Isolation Hospital was in use for approximately 50 years, when the building became a community recreation centre.

Both buildings sit back from Delhi Street, surrounded by established residential dwellings to the south and east. A park-like green space is owned and maintained by the City of Guelph on the north side of the property. The Guelph General Hospital complex extends to the northwest.

A one-storey infill section was added to the rear of the U-shaped Isolation Hospital likely when the building use was changed to a recreation centre around 1963.³

2.2 Significance

+VG provides the following assessments of the property for consideration based on the criteria for designation in the *Ontario Heritage Tool Kit*, specifically *O.Reg.569/22* criteria for determining cultural heritage value or interest under the *Ontario Heritage Act*. (See appendix)

Design Value or Physical Value (Criteria 1)

A clear example of Edwardian Classicism, the Isolation Hospital retains most of its original massing profile, materials and characteristic detailing. Many interior elements are also original such as the paired circulation stairs, spatial volumes and finishes.

Historical or Associative Value (Criteria 4, 5, 6)

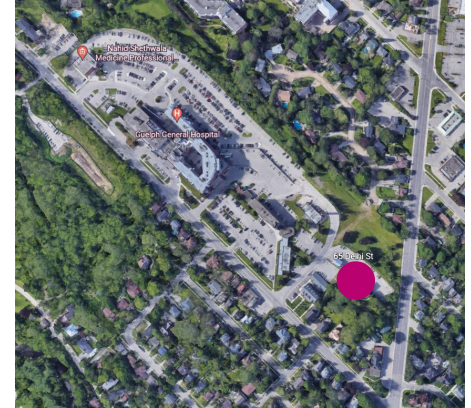
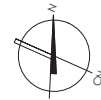
Healthcare in Guelph began before the Guelph General Hospital was established, but the focus on community health and well-being continues to this day. World renowned Homewood Health is part of the hospital continuum of care for mental health treatment and research since 1883.

Design of the Isolation Hospital is attributed to Guelph architect William Thomas Tanner (1849 - 1923) and his son William Clarence Tanner (1882 - 1918). William Clarence joined his father's firm which became Tanner & Tanner in 1911⁴, the same year the Isolation Hospital was built. Most of W.T. Tanner's work was residential with only two institutional projects, both for the Guelph General Hospital. The other project was construction of a new Morgue and Laundry building.

Contextual Value (Criteria 8)

Hospital care of the period sought locations which would benefit the ill. Green spaces with large rolling landscapes and gardens would offer healing. The City continues to own and maintain the green space below on the north side of the building.

The Nurses' Residence and the Isolation Hospital together maintain the original healthcare setting in the landscape.



Google Map showing the location of the Isolation Hospital at 65 Delhi and Guelph General Hospital extending to the northwest.

Assessment of Existing Conditions

3.1 Review of Building Conditions

The Isolation Hospital building continues to be in sound condition upon recent site review on February 1st, 2023, nearly two years after the initial review. The building has been maintained with heating and monitoring by the owner over that time. Some areas of deterioration are evident on the exterior due to exposure to the elements, considered to be minor in nature. These areas are identified as they relate to the CDEs identified in the Cultural Heritage Resource Impact Assessment (2021), and expanded.

Roof, Soffits & Rainwater Management System

The original hip roof with open gables above the porch entrances remain in sound condition. The slate roof with metal capping on its ridges appears to be in good condition, however the rusting metal is causing staining of the slate in closest proximity. The decorative soffits visible in the gables and balcony porch roofs are visible in a c. 1916 image below, but have since disappeared, replaced with vented metal soffits and eavestroughs. Snow guards at the eavestroughs have been added. The main slate roof as well as the porch roofs drain into metal downspouts which are connected to an underground drainage system.

Brick chimneys which appear above the roofline in the 1916 photograph have since been removed or altered.



Postcard view detail c. 1916 showing the original decorative soffit details in the roof gables and porch balcony/roofs. Postcard Photo: Guelph Museums, The Collections.



View of the north-west corner of the building, showing the hip roof with the two gable roofs above each entrance, and overall massing.



View of the south-east corner of the building showing the symmetrical end wings and hip roof line, and overall massing. The one-storey infill section with a flat roof was a later addition.



Postcard view c. 1916 of the north-east corner of the building showing chimneys projecting above the roofline, placed on the rear sloped roof. Postcard Photo: Guelph Museums, The Collections.



View of the south elevation of the building showing the symmetrical end wings and hip roof line. Remaining chimney portions are visible. The one-storey portion with a flat roof was a later addition.

Exterior Masonry

Characteristic of Edwardian Classicism architecture in Ontario is that most public building facades are brick with the ground floor comprised of a different material, typically stone. Windows and door details are also typically stone.

The Isolation Hospital exemplifies Edwardian Classicism in its:

- quoined building corners located at the projecting front entrances,
- windows with emphasized stone keystones, etched or stamped stone sills and flat arch coursing with skewback angle lintels,
- characteristic banding evident on the lower level, the simple header courses on the brick facades and the projecting lower brick band.

Brick

Brickwork appears to be in good condition with areas of efflorescence and mortar deterioration. The original mortar is limebased with a tooled incision which shows some deterioration but is still performing. Mortar deterioration is noticeable where water is present at:

- the base of the brick facades where a projecting band of brick below the lower windows is blackened due to exposure to the elements. The mortar is cracked or missing altogether.
- the area below cracked stone window sills where water follows the cracks, and
- areas of cement mortar repairs where joints are no longer permeable such as below stone stills, cracks and soldier coursing.
- Efflorescence is visible in the flat arch coursing and quoins below the main roof (on the upper right side of the entrance porch in the image below).



View of the original front (southeast) elevation showing the characteristic Edwardian Classicism details: quoining, oversized stone keystones and horizontal brick banding.



View showing original limebased mortar on the brick wall with repairs and cracked joints below the lower window sill.



View of the south-west building corner showing the projecting brick coursing with blackened top edge becoming prominent.



Detail view of the projecting brick coursing with deteriorated and missing mortar below the snow accumulation.

Stone

Stone elements can be found in areas of the building in varying conditions.

Exposed Foundation Walls

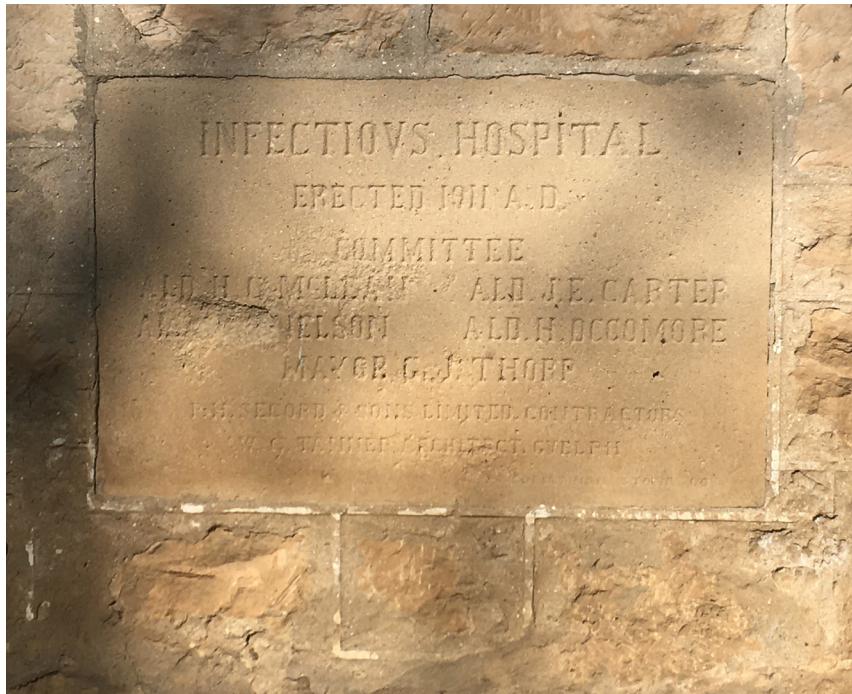
The original mortar on the fieldstone foundations has flush joints with a ribbon mortar on top to give the appearance of regular squared stone work. The squared stonework is visible in the postcard c. 1916 (see page 5). Mortar has been patched over the years with various mortar types and applications.

Window Headers and Sills

The large keystones above the windows are 3-part commonly found on Edwardian Classicism facades. They remain in sound condition, with build up of dust and dirt due to exposure. Many window sills are cracked through or missing sections. Others have been replaced. Broken joints allow water to pass down to the brick below causing deterioration and staining of the brick and mortar joints.

Datestone

The datestone is set into the stone rubble foundation wall on the south facade. Early ribbon joints framed the datestone and some remain visible on the lower half while others have been patched. A small inscription on the lower right notes 'The Corinthian Stone Company', which began operation in 1907 in Guelph, producing artificial stone as well as natural stone products⁵. The window keystones and lug stone sills both contain linear etching which may indicate fabricated stonework.



Datestone located on the southwest (front) elevation. Faint inscription on lower right not clearly visible.



Characteristic Edwardian Classicism emphasized keystone with etched linear (vertical) pattern.



View of 'squared stonework' with ribbon mortar joint. Cracked stone sills of both windows show the path of water and deterioration.



Stone foundation wall repair at the south-east building corner. Cement-based mortar causes water to migrate to more permeable areas and vulnerable to freeze/thaw



Stone foundation wall repairs and missing stone lintel sections on the lower windows.

Twin Front Porch Design

The symmetrical wood porches have been modified over the years as photos are compared. The changes include:

- removal of the balcony railing,
- removal of, or covered dentil work of the porch roof eaves,
- column replacement which are now narrower in profile,
- replacement of simple picket railing at the entrance level,
- addition of new handrail on entrance steps, as well as visible nosings for code compliance and improved visibility.

The only original porch element remaining appears to be the brick corner piers of the porch base, and possibly the substructure of the roof and floor deck.



Photo of two nurses standing in front of the Isolation Hospital entrance (fire escape visible on the left), c.1951.
Source: Guelph Museums



View of porches showing changes from original design.
Note the new turned spindle profile on the porch railing which extends down the stair.



Two views of the front facade c. 1916 top, and more recent photo below.

Windows and Doors

Doors

Front Entrance Doors: The symmetrical entrance doors paired on the south-west facade were originally of french style doors with a semi-elliptical arched transom window with fanned muntin bars under a triple rowlock brick head. The original wood arched window remains in both locations, but the doors and frames have been replaced with a single door and side light on each side.

Balcony Doors: Leading out to the roof deck above the porches, the doors were also french door in style with glass, but a rectangular window on top. The doors are since fixed in place, one containing an installed AC unit.

Rear Entrance Doors: The concrete block one-storey addition contains a symmetrical arrangement of windows and two metal doors.

Windows

The regular pattern of window openings on the main and second levels are original to the building facades, however the original 6 over 9 panes single or double hung windows have since been replaced with metal double-glazed units. Replaced windows at the top of each fire escape are operable to allow exiting.

A semi-elliptical window similar to the two front door transoms is featured in the gable above the entrance features. The attention to the entrance door features is characteristic of Edwardian Classicism. As the only original windows remaining on the building, it is recommended that the two front door transoms and two gable windows be retained as character-defining elements of the building.

Foundation window openings found on all facades except the rear, are original openings and have been replaced with double-glazed metal sliding units.

Window placement at the rear of the building shows symmetrical stepping of the original circulation stairs on the building's interior. These windows have also been replaced.



Front view of the left (west) entrance on the front facade c. 1941 with double french doors under the



Front view of the left (west) entrance on the front facade shows the updated door style, also featured at the other porch entrance. Original wood transom window above.



Rear image of the building showing the original window openings in the brick facades, including the stepped openings located at the symmetrical interior staircases.

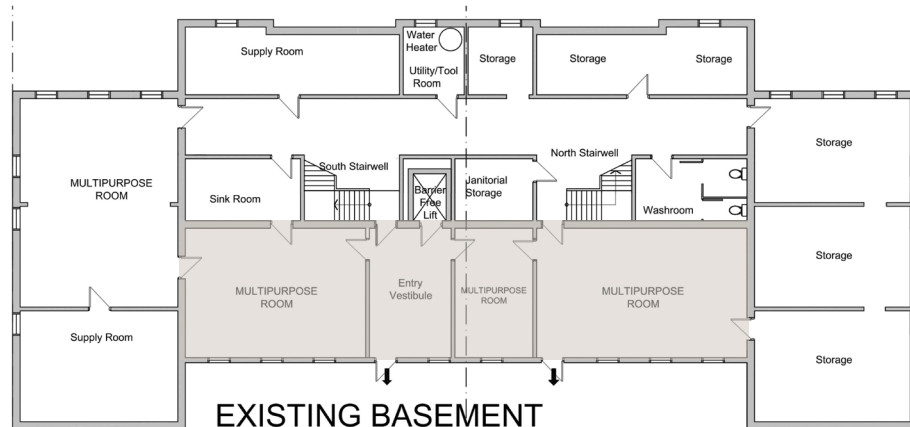


View of the south-west corner of the building showing replacement vertical sliding windows at the foundations.

Symmetrical U-Shape Floor Plans

The symmetry of the building exterior is also reflected on the building's interior. The characteristic U-shape plan provided easy circulation for nursing staff. It also provided some separation of wards located at each end of the building. Administration and Nursing Station would be located in the central area of the Main and Upper Levels, along with washroom, showers and support space.

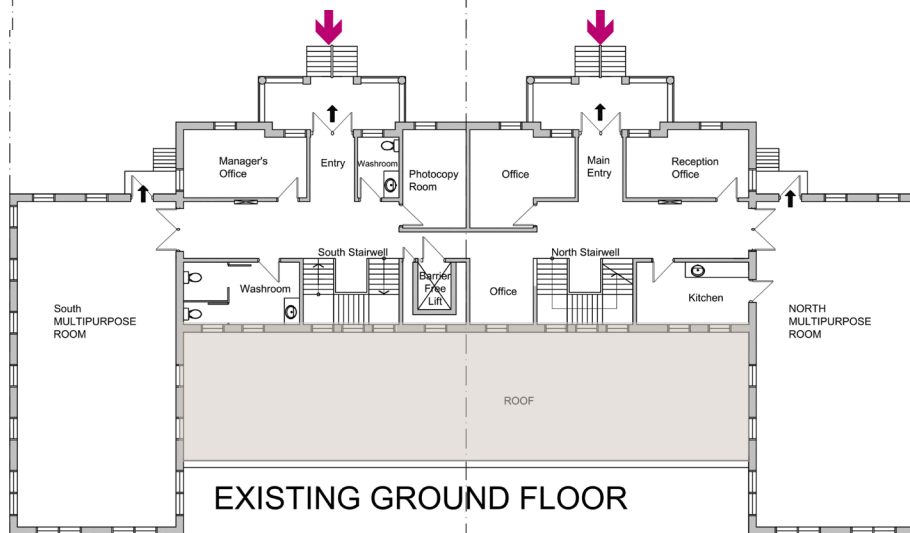
Despite its use as a recreational complex for approximately 30 years, the interior circulation and spaces remain mostly intact.



EXISTING BASEMENT FLOOR PLAN

The basement would have been used for utility spaces, laundry and storage. Entrance would have been from the current parking level.

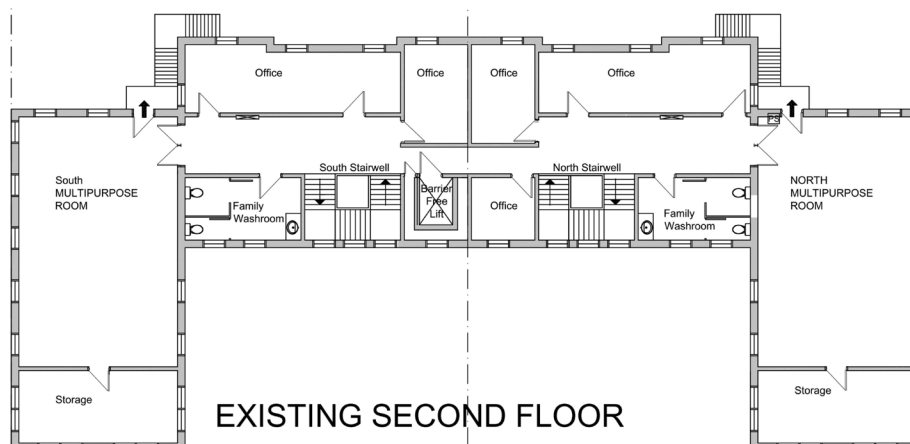
The grey area was a later addition.



EXISTING MAIN LEVEL (GROUND) FLOOR PLAN

Entry to the building was accessed from the two twin porches located on the south side (top of the floor plan).

The large open 'ward' spaces can be seen at each end of the building.



EXISTING UPPER LEVEL (SECOND) FLOOR PLAN

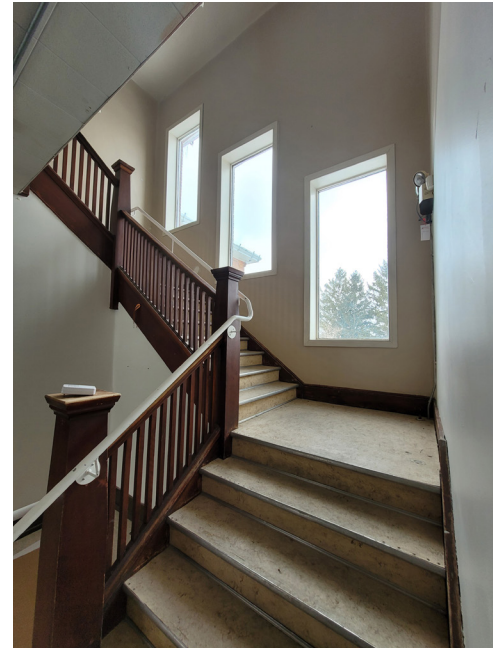
The upper level also shows the relationship of the interior circulation to adjacent wards, administration and symmetrical stairways.

Symmetrical Interior Stairways

The paired front entrances lead to a paired interior circulation system. Two original open staircases lead from each reception area to each floor. The original wood railing and posts remain in good condition, but worn. A pipe handrail has been added at some point to address building accessibility codes.

Stepped windows along the rear wall provide natural light into the space, guiding transition from the main to the second floor above. (See view of rear facade on page 9.)

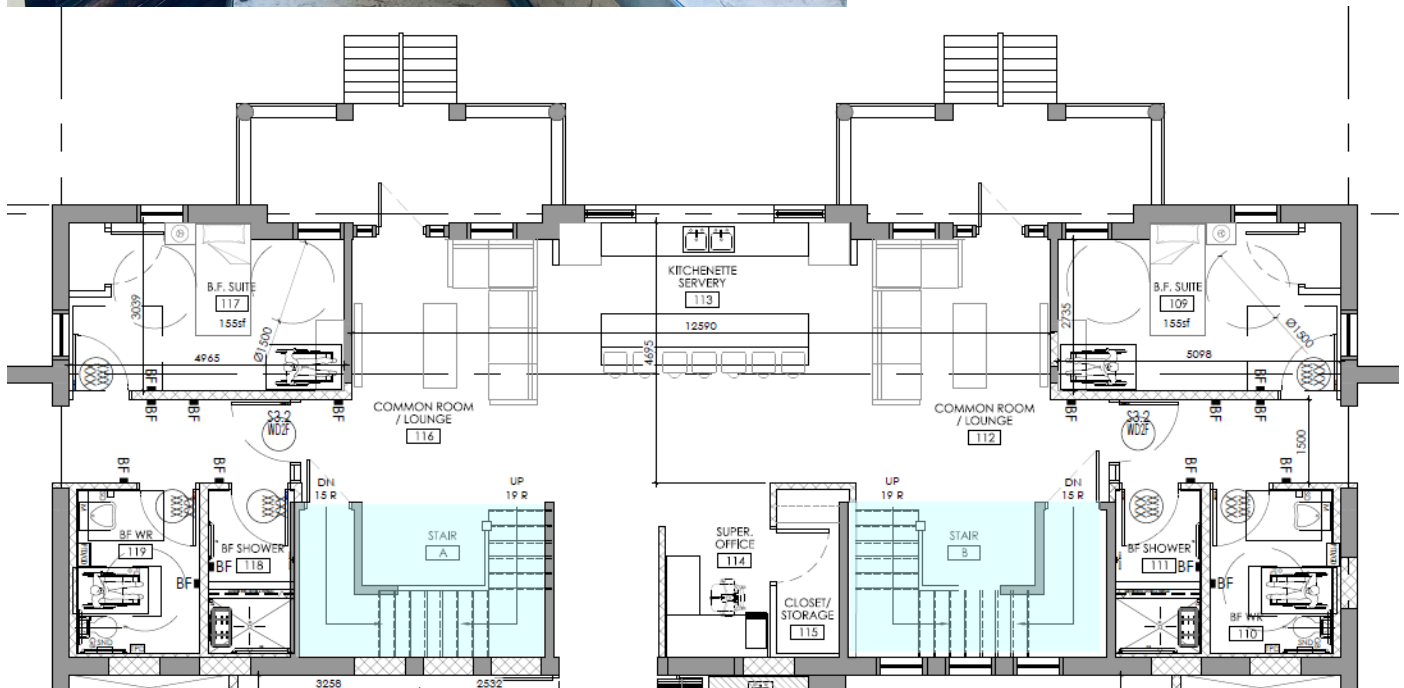
Whether composite sheet or linoleum, the flooring and nosings on the steps and landings are heavily worn and likely not original to the building. The wood baseboard and trim on each side of the stair is also well-worn. The stair is not in compliance with current building code but would likely be subject to Part II exemptions as it is no longer an exit stair in the proposed design. Staircase floor treatment should be replaced.



Top Image: View of the west staircase with stepped window openings.



Left Image: showing conditions of handrailing woodwork and stair



Main Level Floor Plan showing the the relationship of the symmetrical twin porches, entrances and interior circulation stairs.

Interior Conditions: Plaster Interiors

The interior main and second level floors contain plaster walls and some plaster ceilings. Wall corners are rounded with generally minor damage. Baseboards covered with plaster can be found throughout these two levels. Finishes have changed over the years including covering the cove baseboards with carpet or sheet flooring. Conduit has been surface-mounted to provide electrical needed for emergency exit signage and additional lighting.

Plaster cracking is evident in some areas such as at the ceiling-wall connection in the the south-west corner room on the second level. As building systems were installed, openings were created in the plaster walls for vents, ductwork and various connections.



View of the infirmary space in the east wing top floor, with plaster walls and ceiling. Mechanical systems have been added and covered with gypsum board on the right vertical shaft and bulkhead vents at the ceiling.

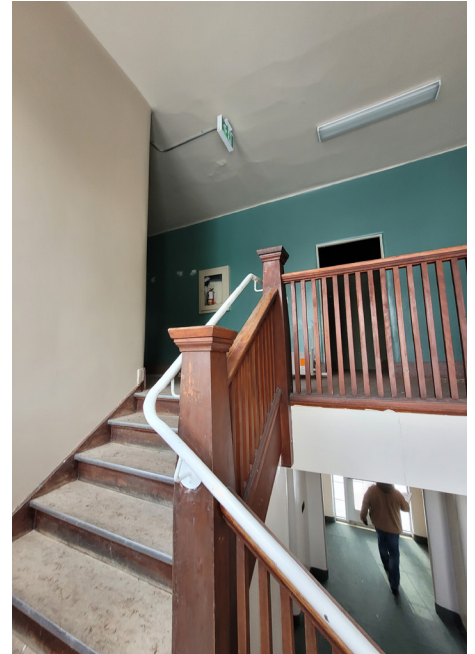


Image showing top of staircase with wooden railings, plaster wall coving and plaster ceiling with surface mounted exit sign added at a later date.



View of plaster cove baseboards with painted finish (left) and carpet application (right).



View of plaster walls curved corners and plaster cove baseboard.



Image showing plaster walls and rounded corners. A tiled ceiling was a later addition, dropped below the plaster ceiling.

Interior Conditions: Basement Walls

The basement contains a finished entrance area, some partially finished meeting spaces and characteristically exposed fieldstone walls as the utility-type space it serves. The stonework tells the story of early construction techniques, water infiltration and repair work over time.

Various types of mortar repairs including cement-based, are visible at the north-east walls where the grade slopes from front to back. It's likely water has migrated to the wall center where original conditions are permeable and causes damage to the stable stonework.

Areas of the stone walls have been furred out with wood framing and partially insulated. Other framed areas remain unfinished. Other interior walls are brick load-bearing supporting the walls on floors above.



View of north-east wall (end) with mortar covering the stone on the left corner and across the wall top and bottom. The white sloped band indicates efflorescence where water has leached minerals from the stone and mortar work along the line between subgrade and above grade conditions.



View of east wall section with mortar repair behind the added partial furring with insulation of the top section. Load-bearing brick masonry wall on the left shows some failing plaster but is otherwise in solid condition.



View into the elevator room with the concrete block elevator shaft on the right. The elevator capacity is for 2 people according to the posted certificate, and not in compliance with current accessibility codes.



View of north wall section with fire escape visible outside the window. The north wall has been heavily parged likely intended to stop moisture on the surfaces below grade.

04

Heritage Conservation Plan Conservation Strategy

This conservation strategy includes discussion of the proposed redevelopment, conservation goals and approach, conservation guidelines and planning considerations. The conservation approach addresses the cultural heritage value and character-defining elements identified in the *Cultural Heritage Resource Impact Assessment* and others noted in the Conditions Assessment part of this document.

A note in the Pre-Consultation Site Plan Approval Application Staff Comments requests a description of the new ramp which was proposed at the time of Zoning Amendment. With the proposed new south entrance, the ramp is not required to the porch which is no longer an entrance, and has been deleted from the scope of work.

4.1 Proposed Development

The redevelopment of 65 Delhi Street focuses on the building itself, with little change to the remainder of the property. The change in use to transitional housing has been approved via zoning by-law. The intent is to redevelop and rehabilitate the building to accommodate the new use while retaining the cultural heritage value of the building.

The new building program includes:

- **A New Main Entrance:** This fully accessible entrance on the south side of the building will offer access for all abilities with proximity to vehicle drop-off and parking.
- **A New 3-Storey Expansion:** The 3-storey component is proposed to replace the existing 1-storey addition. It will feature a new clear consolidated reception and new elevator to connect to the existing heritage building floors.
- **Transitional Housing with Suites for 28 Residents:** Suites are located in the end wings which were historically used as infirmary space for patients. The proposed suites create individual spaces instead of one large open area with beds. Eight suites are now also located on the main entrance level (Level 0), noted as the Basement Level in the CHRIA.
- **Replacement of the existing one-storey infil addition with a new 3-storey infil addition that incorporates the new main entrance, exit stairs, administrative spaces -- all fully accessible.**
- **Program Support Areas:** The proposed 3-storey infil component provides additional support space with boardroom/training space; small meeting rooms and offices.
- **Retention of Existing Building Program Areas:** Shared facilities including kitchenette servery, lounge areas, showers, laundry facilities and washrooms are located on each floor.

Full drawings can be found in the Appendix.

REHABILITATION

from the Standards & Guidelines

Rehabilitation involves the sensitive adaptation of an historic place or individual component for a continuing or compatible contemporary use, while protecting its heritage value. Rehabilitation can include replacing missing historic features. The replacement may be an accurate replica of the missing feature or it may be a new design compatible with the style, era and character of the historic place.

Consider Rehabilitation as the primary treatment when:

(a) Repair or replacement of deteriorated features is necessary;

(b) Alterations or additions to the historic place are planned for a new or continued use; and,

(c) Depiction during a particular period in its history is not appropriate.

Rehabilitation can revitalize historical relationships and settings and is therefore more appropriate when heritage values related to the context of the historic place dominate.

4.2 Conservation Strategy

The CDEs identified in the CHRIA are primarily exterior, with a few interior items: the paired circulation stairs, plaster interiors and exposed stone rubble walls on the lowest level. The intent of the Conservation Strategy is to maintain the building's CDEs while providing rehabilitation as transitional housing.

Conservation of the Isolation Hospital will follow the *Standards and Guidelines for Canada's Historic Places*. Specifically, the conservation approach references **Rehabilitation** as the primary treatment, however the other two conservation principles Restoration and Preservation are also relevant as noted.

Conservation Principles & Approach for the Isolation Hospital

The *Standards and Guidelines for Canada's Historic Places* provide guidance on the conservation approach for heritage structures.

Standard 10: Repair rather than replace character-defining elements. Where character-defining elements are too severely deteriorated to repair, and where sufficient physical evidence exists, replace them with new elements that match the forms, materials and detailing of sound versions of the same elements. Where there is insufficient physical evidence, make the form, material and detailing of the new elements compatible with the character of the historic place.

Standard 11: Conserve the heritage value and character-defining elements when creating any new additions to an historic place or any related new construction. Make the new work physically and visually compatible with, subordinate to and distinguishable from the historic place.

Standard 12: Create any new additions or related new construction so that the essential form and integrity of an historic place will not be impaired if the new work is removed in the future.

Much of the building retains original fabric such as the exterior massing and interior circulation stairs, so the approach will also be guided by preservation standards including:

Standard 3 - Conserve heritage value by adopting an approach calling for minimal intervention.

Standard 7 - Evaluate the existing condition of character-defining elements to determine the appropriate intervention needed. Use the gentlest means possible for any intervention. Respect heritage value when undertaking an intervention.

CONSERVATION TREATMENTS from the Standards & Guidelines

Preservation: the action or process of protecting, maintaining, and/or stabilizing the existing materials, form, and integrity of an historic place, or of an individual component, while protecting its heritage value.

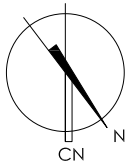
Rehabilitation: the action or process of making possible a continuing or compatible contemporary use of an historic place, or an individual component, while protecting its heritage value.

Restoration: the action or process of accurately revealing, recovering or representing the state of an historic place, or of an individual component, as it appeared at a particular period in its history, while protecting its heritage value.

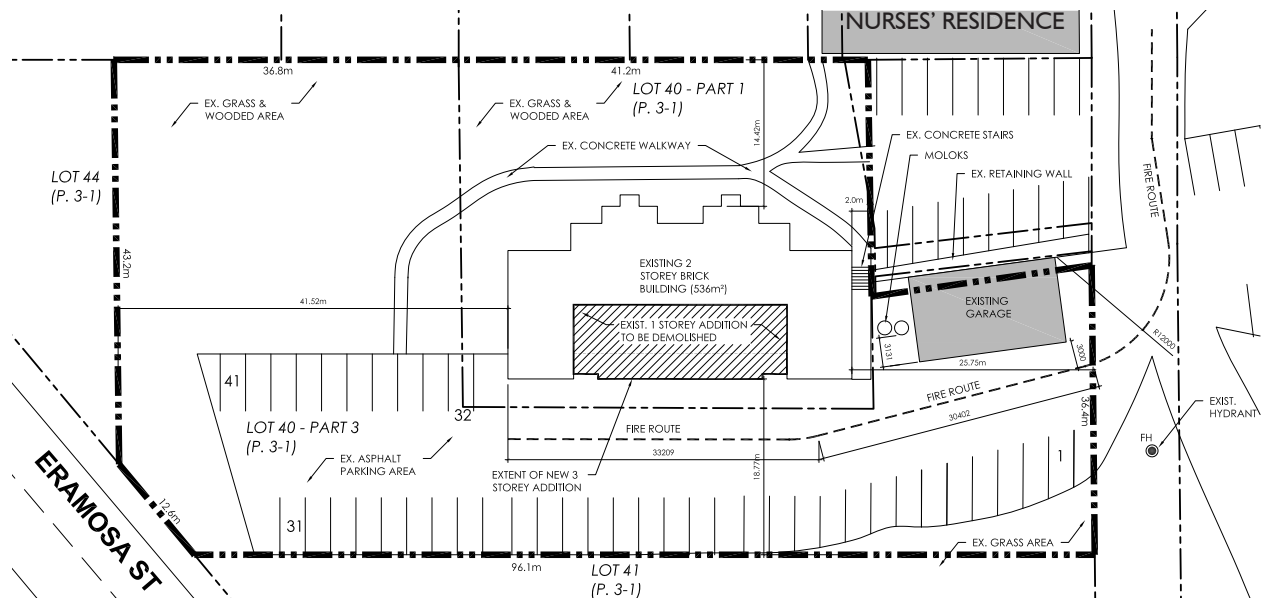
Site Property

The Isolation Hospital sits in a park-like setting which will remain, including pathways, mature trees and grassy landscape. The City of Guelph owns the property to the north, beyond the parking lot which will also remain a green space. Parking will remain as currently shown in the view and proposed redevelopment Site Plan drawing below.

Photos found of the historic hospital building all feature the front elevation view. These views are considered significant and will be maintained. An interpretive plaque placed on the south landscaped grounds is recommended.



Google Earth view of the existing Isolation Hospital property and grounds. The green park-like landscape will be retained as is. Parking will remain in its current location. Also visible is the and one-story infil section which is proposed to be demolished.



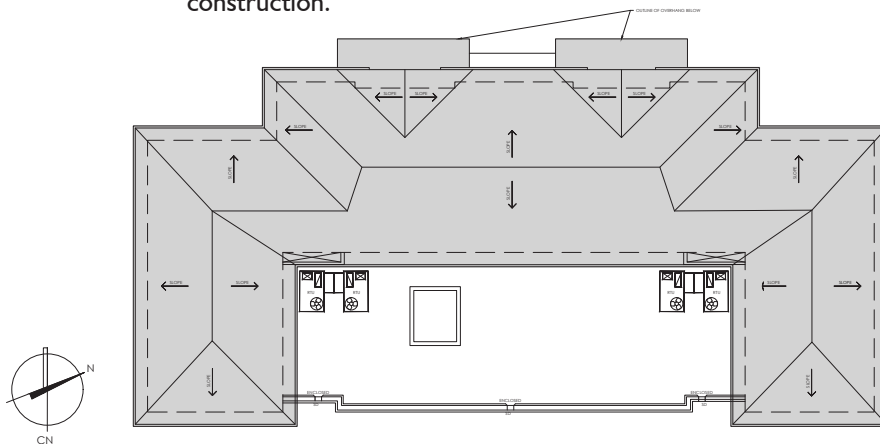
Site Plan drawing showing the extent of the property, the existing Isolation Hospital building and proposed infil section. The footprint extends to the line of the existing exterior wing walls. Existing pathways remain around the building, and connecting to adjacent parking and the Nurses' Residence building on the top right.

Roofs: Old and New

The historic hip roof, front gables and materials will generally be preserved. The proposed 3-storey infill roof is proposed to be flat where mechanical equipment can be located away from view. The proposed flat roof appears to sit at the edge of the existing roofline which will interfere with the original roof profile and drainage.

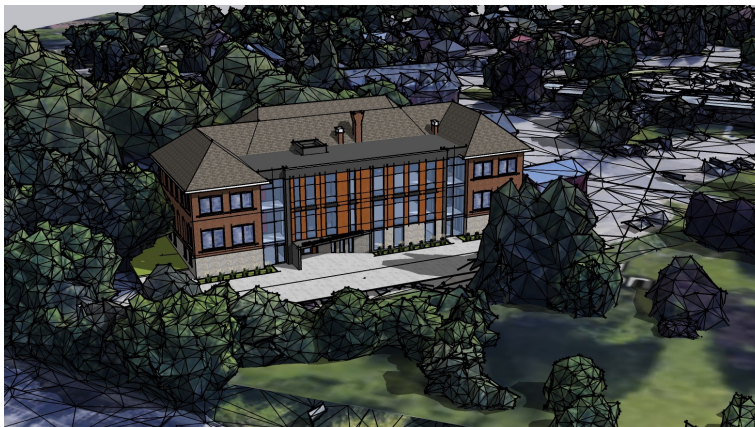
The following are recommendations to preserve the heritage roof:

- Lower the proposed new roof height to maintain the continuous original eaves and drainage.
- Replace deteriorating metal capping on the slate roof.
- The maintenance strategy be included in the Maintenance Manual issued to the Owner at the end of construction.



PROPOSED ROOF PLAN

The shaded area shows the symmetrical plan of the historic hip roof with the two front gables on the north side.



Rendering showing the proposed 3-storey infill section creating a new front entrance feature for the building.

Maintenance Strategy

The following are recommendations for long-term maintenance:

- The slate roof will be part of the owner's maintenance review.
- Deteriorating conditions should be monitored via annual inspections.
- Replace individual cracked or broken slate tiles as required.
- Conservation work should be done by a heritage specialist.

Masonry

Existing brick and stone facades will generally be preserved. Mortar conditions vary and repair is recommended as part of the redevelopment construction. For example mortar is missing in some areas and repointing is required to manage further deterioration especially at skyward-facing joints of the lower brick band. Floor plates in the new infill section will partially cover portions of the rear exterior stepped stairway windows. The character-defining interior stepped windows above the stairs should be left uncovered as much as possible.

The following are recommendations to preserve the masonry:

- Remove cement-based mortars and patching which are causing deterioration especially at stone walls.
- Clean and repoint masonry with lime-based mortar to protect brick and stone from deterioration, especially at the lower brick banding with exposed skyward-facing joints.
- Review subgrade masonry conditions and provide adequate drainage away from the masonry face to protect the stone and building envelope.
- Replace broken window sills with stone lug sills.
- The maintenance strategy be included in the Maintenance Manual issued to the Owner at the end of construction.



Image showing build up of efflorescence (white area) on the stone caused by use of impermeable mortars which should be removed and repointed with lime-based mortar.



Image showing example of deteriorating masonry conditions. Foundation walls should be repointed with lime-based mortar and the broken stone sills replaced to protect the building from water infiltration.

Maintenance Strategy

The following are recommendations for long-term maintenance:

- Review of masonry conditions will be part of the owner's maintenance review.
- Deteriorating conditions should be monitored via annual inspections.
- Mortar repairs to follow recommended procedures and lime-based mortar mix.
- Conservation work should be done by a heritage specialist.

Twin Front Porch Entrances

Both porches have been modified over the years, and are currently not matching. The Ontario Building Code places requirements on the historic design relating to life safety and require changes to the original design. Some have been installed in the past including a 42' high guardrail, handrails on the stairs, and visibility strips on stair nosings and porch deck. While meeting code is a must, maintaining symmetrical and sympathetic detailing is integral to the quality of the historic building facade.

The following are recommendations to rehabilitate the front porches:

- Inspect and repair existing woodwork.
- Replace existing railing with design in keeping with historic details, such as a lower height profile with additional guard rail above to meet OBC requirements.
- Repair/provide wood screening around porch base to protect building materials from intrusion of environmental elements and animals.
- Maintain the characteristic white finish details, which have been similarly done on the adjacent Nurses' Residence.
- The maintenance strategy be included in the Maintenance Manual issued to the Owner at the end of construction.



Rendering view of the original entrance locations to the building. The current porches will be repaired for occupant safety and used as amenity space for the residents. Note the rendering incorrectly shows masonry bases on the porches. Both existing porches will be refurbished in wood and painted.

Maintenance Strategy

The following are recommendations for long-term maintenance:

- Review of porch conditions will be part of the owner's maintenance review.
- Deteriorating conditions should be monitored via annual inspections.
- Porch materials to be repaired and replaced as needed.

Windows and Doors

Few original windows and doors remain on the building, but include the arched window above each of the main entrance doors and the semi-elliptical window in the gable roofs above the porches.

The following are recommendations to restore the remaining four original character-defining windows:

- Clean and scrape woodwork. Prime and repaint woodwork with linseed oil-based paint on the exterior.
- Remove cracked and peeling caulking at glass panes. Clean and scrape woodwork. Apply new caulking to maintain seals.
- The maintenance strategy be included in the Maintenance Manual issued to the Owner at the end of construction.



Images showing remaining original wood windows as seen in the c. 1941 photo left, and current views today: the semi-elliptical gable window and the arched window transom above the door. Both will be maintained as part of the annual maintenance program.

Maintenance Strategy

The following are recommendations for long-term maintenance:

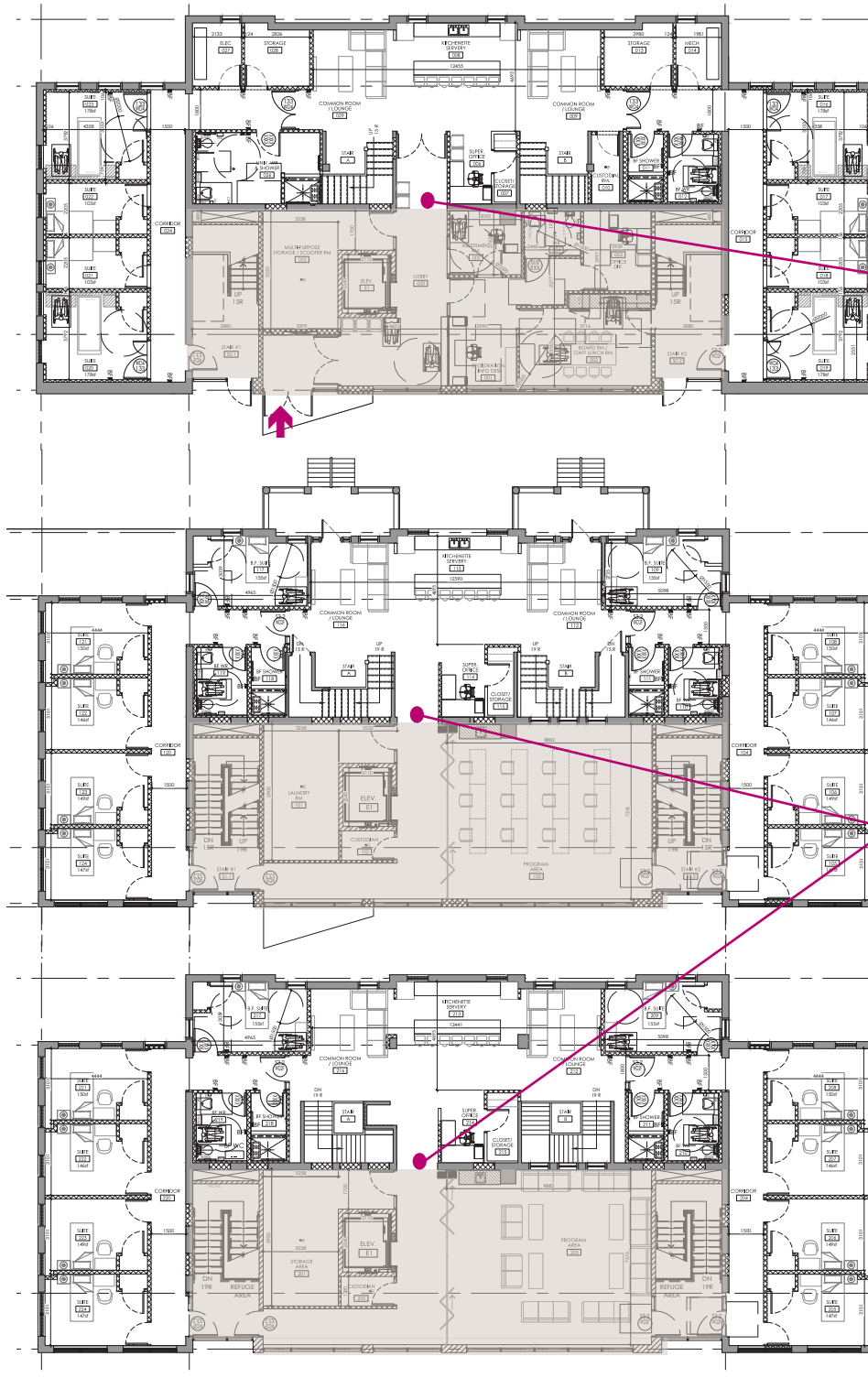
- Review of wood windows and doors will be part of the owner's maintenance review.
- Deteriorating conditions should be monitored via annual inspections.
- Conservation work should be done by a heritage specialist.
- Broken glass should be replaced with original historic glass.

Symmetrical U-Shaped Floor Plan

The plans of the original circulation and spatial relationships contribute to the understanding of the Isolation Hospital use.

It is recommended that the original U-shaped floor plan be conserved.

- Maintain the interior circulation routes and adjacent spatial relationships.



PROPOSED BASEMENT FLOOR PLAN

A new 3-storey infill section is proposed to replace the existing 1-storey section (grey shading). A new main entrance is proposed to access the central circulation of the original plan, indicated by the magenta arrow.

A new access to the original structure is proposed by removal of an existing lift, a later addition to improve barrier-free access to the building.

PROPOSED MAIN LEVEL (GROUND) FLOOR PLAN

The original circulation routes are visible in the U-shape plan of the original building. Access is

While a new entrance is proposed for the building, the original twin porch entrances will remain as features, providing amenity space for residents.

The connection between old and new are maintained on the main and second levels.

PROPOSED UPPER LEVEL (SECOND) FLOOR PLAN

The upper level also shows the relationship of the interior circulation to adjacent wards, administration and symmetrical stairways.

Symmetrical Interior Stairways

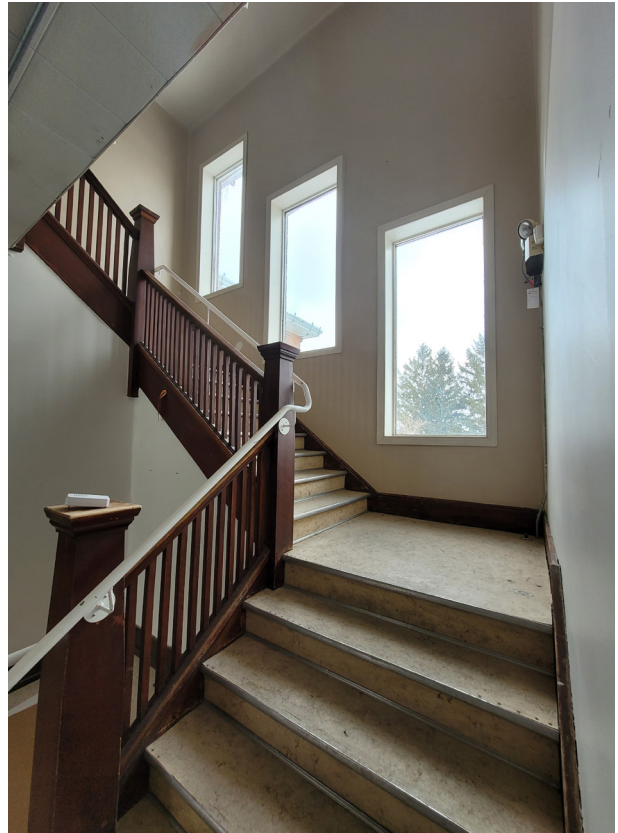
Key features of the symmetrical interior stairways are the original wood railing and posts. The woodwork is worn through years of use which has created a patina that continues to tell the story of the Isolation Hospital. With the proposed new elevator and exit stairs in the new infill section, these original stairs can remain as is. The white handrail attached at a later date may no longer be necessary but should be confirmed with the local municipality.

The following are recommendations to restore original woodwork:

- Clean and lightly sand woodwork. Apply linseed oil or wax to protect the woodwork.
- The maintenance strategy be included in the Maintenance Manual issued to the Owner at the end of construction.

The following are recommendations to rehabilitate the stepped window openings:

- As character-defining features, the windows in the staircases should be retained. Where new construction floor plates partially cover portions of the windows, the window openings and glass should be retained.



Maintenance Strategy

The following are recommendations for long-term maintenance of the woodwork:

- Review of wood windows and doors will be part of the owner's maintenance review.
- Deteriorating conditions should be monitored via annual inspections.

Conservation Implementation + Maintenance Planning

Conservation Implementation

The Isolation Hospital building appears to be structurally sound and viable as a transitional home for Guelph's vulnerable population. The County of Wellington's plans for the rehabilitation project are intended to provide a new 3-storey infill section that connects to the original building circulation, and rehabilitate the original Isolation Hospital structure only to the extent to obtain building permit for occupancy.

Most conservation work will be managed through operations and annual maintenance plans.

Conservation work during construction should include:

- An approach of minimal intervention to the heritage building.
- Protection of original heritage fabric adjacent to construction such as through covering with blankets and plywood, temporary removal or other means.
- Hoarding or fencing to protect exterior areas from potential damage by equipment or materials storage.

Maintenance Planning

Because most conservation work will be deferred, an implementation plan to address the current deficiencies over the next few years is recommended.

As well, an ongoing program of monitoring and maintenance as noted in this Conservation Plan will protect the heritage value of this important building in the history of the Guelph General Hospital and the development of the City of Guelph. The recommended cycles for conservation are noted below.

Annual	Inspection of the building envelope and record findings: <ul style="list-style-type: none">- slate roof tiles, metal flashing- window seals (caulking), woodwork condition- masonry mortar, water infiltration- porch woodwork conditions Inspection of grade conditions to ensure drainage away from the building.
Every 5 Years	- Review records and complete a condition assessment of the building envelope and building maintenance items

Endnotes

- 1 A Brief History of Guelph General Hospital, <https://www.gghorg.ca/history>
- 2 Stead, Hilary Guelph, A People's Heritage, 2002 p 34
- 3 Delhi recreation centre on the block', Guelph Mercury article in 2011
- 4 Biographical Dictionary of Architects in Canada 1800 - 1950, Tanner, William Thomas
- 5 The Royal City of Guelph and Her Industries, Souvenir Industrial Number of of the Evening Mercury of Guelph, Canada. Published by Authority of the City Council and Guelph's Old Home Week Committee, 1908. Source: Guelph Museums

APPENDIX

- A. Notice of Passing of Zoning By-Law
- B. Existing Building Drawings
- C. Building Redevelopment Drawings
- D. O. Reg 569/22: Criteria for Determining Cultural Value or Interest