

## **Demolition Permit Application**

Applicant Name:  Email:  Mailing Address:	Phone #:						
Legal Land Description - Lot: Blk/Par: Plan No.:			Ext.:				
Quarter: Section: Township: _							
1. Property Owner Information (if different from applicant)  Property Owner's (P.O.) Name:							
P.O.'s Email: P.O.'s Phone	e #:						
P.O.'s Mailing Address:							
2. Contractor Information (if different from applicant)  Contractor's Name:							
Contractor's Email: Contractor's Phone #:							
Contractor's Mailing Address:							
Please provide a site plan showing all existing buildings, the dimensions of buildings to be demolished, and detailed descriptions of how the site will be remediated.							
3. Demolition Information							
Civic Address of Building Location (if different from above):							
Legal Land Description of Building Location (if different from above):							



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4.	Permit Conditions					
Pe	rmission is hereby granted to	to der	molish a(n)			
fro	om civic address (legal land de	escription)				
in	n accordance with all developer and municipal regulations and the following conditions:					
1.	All demolition debris shall be disposed of at an approved recycling or landfill facility.					
2.	If asbestos is discovered before or during demolition, the applicant must:					
	i. Comply with all Occupational Health and Safety Regulations involving its removal;					
	ii. Follow the regulations outlined in <i>The Transportation and Dangerous Goods Act</i> in taking th material to an approved landfill facility; and					
	iii. Obtain the proper permits from the landfill operator to dispose of the asbestos in the landfill.					
3.	The site shall be remediated to its pre-development condition and to the satisfaction of the RM. The applicant shall contact the RM to arrange a site visit once remediation is complete.					
4.	. That the Code of Practice for Safety in Demolition of Structures is adhered to insofar as practical					
Αp	plicant Signature:		_ Date:			
De	velopment Officer Signature:		Date:			
		Office Use Only	7			
		Date Received:				
		Fee Submitted: Receipt #:				

Permit #: \_\_\_\_\_ Deposit Required: \_\_\_\_\_