

Office use only:

Application No. _____ Date Received _____

Fee Received _____ Roll No. _____

Demolition Permit Application

APPLICANT INFORMATION

COMPLETE IF DIFFERENT FROM APPLICANT

APPLICANT:		REGISTERED LANDOWNER:	
MAILING ADDRESS:		ADDRESS:	
TELEPHONE:	ALTERNATE TELEPHONE:	TELEPHONE:	ALTERNATE TELEPHONE:
E-MAIL	E-MAIL		

SITE INFORMATION

LEGAL DESCRIPTION:

QTR/LSD	SEC	TWP	RGE	W5M	OR	REGISTERED PLAN	BLOCK	LOT
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RURAL ADDRESS:

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Description of building(s) to be demolished & current use:

DEMOLITION DETAILS

Sq. ft. of building: _____ Value of material and labour for demolition: _____

Description of demolition plan: _____

Description of materials removed to Transfer Station/Landfill (name): _____

Parcel reclamation plan: _____

Estimated Start Date: _____ Estimated Completion Date: _____



OWNER OBLIGATIONS

The owner/contractor must ensure the following:

- 1. Services shall be shut off and gas and fuel lines shall be capped in the building being demolished.**
- 2. Ensure that the well and wastewater systems, if applicable, are properly disconnected and capped.**
- 3. Waste material shall be removed as quickly as possible from the site by means of an appropriate container.**
- 4. Where a building is undergoing demolition, precautions shall be taken to ensure that no person is exposed to undo risk.**
- 5. Any excavation or pit created during the demolition must be filled in, protected with a six foot chain link enclosure, or other security suitable to the County.**

SIGNATURES

I/We do ___ or do not ___ give consent for an authorized person of Big Lakes County to enter upon the subject land for the purposes of making a site inspection in order to evaluate the proposed demolition permit application.

I/We make this application and hereby certify that I am/We are the registered owner(s) and acknowledge all plans and information submitted are, to the best of my knowledge, true and accurate:

APPLICANT:

Date

Applicant's Signature

Applicant's Signature

REGISTERED OWNER (If other than applicant):

I/We hereby certify that I am/We are the registered owner(s) of the lands in questions and authorized the above-mentioned party to make application for the described development.

Date

Registered Owner's Signature

Registered Owner's Signature

The personal information on this form is being collected for the purpose of processing the Development Permit Application under the Authority of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP. If you have any questions about the collection, contact the Big Lakes County FOIP Assistant at phone 780-523-5955.