

 <p>Box 600 Crowsnest Pass, Alberta T0K 0E0 Phone: 403-562-8833 Fax: 403-563-5581</p>	<p>*Office Use Only* (Paid or Received)</p>
	<p><input type="checkbox"/> Cheque      <input type="checkbox"/> Cash      <input type="checkbox"/> Debit</p>

## Development and Building Demolition Permit Application Form

I/We hereby make application for a Demolition Permit under the provisions of the Land Use Bylaw # 868, 2013 and the Safety Codes Permit Bylaw, and the current, relevant Provincial Legislation, in accordance with the plans and supporting information submitted herewith which form part of this application. **WORK MUST COMMENCE WITHIN 90 DAYS OF ISSUE DATE AND THE PERMIT WILL EXPIRE WITHIN ONE YEAR OF ISSUE DATE.**

Applicant		Owner of Land	
Interest of applicant if not owner:		Same as applicant <input type="checkbox"/>	
Name:		Name:	
Civic Address of applicant:		Civic Address of applicant:	
Community:		Community:	
Postal Box & Code:		Postal Box & Code:	
Phone:		Phone:	
Alt. Phone:		Alt. Phone:	
Email:		Email:	
Property Description			
Lot(s):		Block:	
		Plan:	
Civic Address:		Building to be Demolished:	
<b>Signatures</b>	<b>OWNER SIGNATURE/PERMISSION LETTER</b>		
	The information I have provided herein and herewith is true, and to the best of my knowledge and abilities, accurate and complete. If a Demolition Permit is approved, I understand and agree to call Alberta 1 <sup>st</sup> Call at 1-800-242-3447 before I begin demolition.		
	_____ Signature of Applicant		_____ Print Name
	_____ Signature of Property Owner		_____ Print Name

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act section 33 (c). The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the FOIP Coordinator for Municipality of the Crowsnest Pass at 403-562-8833.



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### Contractor Contact Information

(attach separate page if necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

### Details of Proposed Demolition

(Provide brief written description below or attach separate plans)

Reason for Demolition: \_\_\_\_\_

Type of building (e.g. house, garage, commercial bldg., etc): \_\_\_\_\_

Area of building (or portion of) to demolished: \_\_\_\_\_

Project value (cost of demolition): \_\_\_\_\_

### General Submission Requirements

\*This list is not exhaustive, is for general guidance only and is not necessarily applicable to every application. All drawings must be submitted on sufficient paper to a scale and standard satisfactory to the Municipality. Note that additional details may be required.

Certificate of Title (within 3 months)  Received

Site Plan (showing structure location, property lines, landscaping, grading, etc)  Received

### Any known environmental issues or studies affecting this property:

no  yes (attach separate page if necessary)

**NOTE:** Before any building demolition permit will be released, the Alberta Building Code Div. B 2.2.13.1. requires;

6) the Owner proposing to alter or demolish a *building* shall notify in writing the *authority having jurisdiction* that the plans and specifications describing the asbestos management and abatement work have been submitted to Workplace Health and Safety for compliance with Occupational Health and Safety legislation and that the work has been completed.

Any asbestos is to be removed in accordance with the Alberta Asbestos Abatement Manual. This may require an expert to conduct a pre-demolition survey of the building for any hazardous materials. This survey includes lab testing for the presence of asbestos content. By signing below, you acknowledge that you abide by these terms.

**SIGNATURE:** \_\_\_\_\_



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### *Utility Disconnect Confirmation*

**NOTE:** A printed employee name, signature and contact phone number is required for each of the service providers listed below or provide a verification letter attached, or by email. For any Partial Utility disconnection beyond the Meter base Provide a Journeyman's sign off of disconnection. **The Demolition Permit application will not be processed without them.**

<b>Municipality of Crowsnest Pass Water &amp; Sewer</b> All service equipment removed	Name: _____ Signature: _____ Phone #: _____ Email: _____
<b>Gas</b> <b>Eg. – Atco Gas</b> All service equipment removed	Name: _____ Signature: _____ Phone #: _____ Email: _____
<b>Power</b> <b>Eg. – Fortis</b> All service equipment removed	Name: _____ Signature: _____ Phone #: _____ Email: _____
<b>Communications</b> <b>Eg. – Telus, Shaw</b> All service equipment removed	Name: _____ Signature: _____ Phone #: _____ Email: _____
<b>Other Service Provider</b> All service equipment removed	Name: _____ Signature: _____ Phone #: _____ Email: _____

### *Office Use Only*

<b>Development Officer</b> Development Permit Number _____ <input type="checkbox"/> Approved <input type="checkbox"/> Refused Date: _____	<b>Development Permit Fee:</b> _____ +
<b>Building Safety Codes Officer</b> Building Permit Number _____ Project Value _____ <input type="checkbox"/> Approved <input type="checkbox"/> Refused Date: _____	<b>Building Permit Fee:</b> <b>Permit Fee:</b> _____ <b>Safety Codes Levy:</b> _____ <b>Subtotal Building Permit:</b> _____ =
Officer Signature _____ Designation Number _____ Permit Expiry _____	<b>TOTAL FEES:</b> _____ (Development Permit + Safety Codes Permit)