

 <p>Box 600 Crowsnest Pass, Alberta T0K 0E0 Phone: 403-562-8833 Fax: 403-563-5474</p>	*Office Use Only* (Paid or Received)
	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit

Building Demolition Permit Application Form

I/We hereby make application for a Demolition Permit under the provisions of the Land Use Bylaw 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 Community:				Civic Address of applicant: 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:			
Signatures		OWNER SIGNATURE/PERMISSION LETTER					
		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 st 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 as per 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 Municipality of the Crowsnest Pass at 403-562-8833.



NOTE:

A printed employee name, signature and contact phone no. is required for each of the service providers listed below.

The Demolition Permit application will not be processed without them.

NOTE: Before any building demolition permit will be released, the Municipality of Crowsnest Pass requires that any asbestos be removed in accordance with the Alberta Asbestos Abatement Manual. This may require an expert to conduct a survey of the building facility 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: _____

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

Office Use Only (Building Safety Codes Officer)

Building Permit Number _____ Project Value _____

Development Number _____

Building Permit Fee _____ SCC Levy _____ Total Permit Fee _____

Approved _____ Refused _____ Date of Issue _____

Signature of Building Safety Codes Officer _____

Designation Number _____ Permit Expiry _____