

DATE: _____

DISTRICT OF SPARWOOD DEMOLITION APPLICATION

I/WE _____	_____
NAME	ADDRESS
_____	_____
ADDRESS	TELEPHONE

Being the Registered Owner or Authorized Representative of the Owner, hereby make application for a permit for the purpose of demolishing the structure(s) at:

Address: _____

Lot(s) _____ Block: _____ Plan: _____

Are you aware of any Asbestos or Urea formaldehyde materials that will be involved in the demolition. Yes No

The following agencies are required to confirm that their respective services are disconnected and rendered safe:

1. B.C. Hydro & Power Authority

_____ Signature	_____ Title	_____ Date
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2. Terasen Gas

_____ Signature	_____ Title	_____ Date
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3. B.C. Telephone

_____ Signature	_____ Title	_____ Date
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Local Assistant Fire Marshall (If underground storage tank is present)

_____ Signature	_____ Title	_____ Date
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Applicant: (1) Must return Application to the District of Sparwood once the above agencies have endorsed. Applicant acknowledges receipt of excerpt from Bylaw No. 573 outlining requirements for demolition of any Building.

(2) Must submit to the District of Sparwood a completed Site Profile or evidence that a Site Profile is not required under the Waste Management Act.

Applicants Signature

OFFICE USE ONLY
PUBLIC WORKS:

Water Seal Off: Yes No
Storm Sewer Seal Off Yes No
Permit Issued Yes No

Sanitary Sewer Seal Off: Yes No
Street/Land Closure Required Yes No
Security Deposit Required Yes No