

Schedule "D" to Bylaw No. 2019-02

APPLICATION FOR: _____ moving permit # _____
_____ demolition permit # _____

I hereby make application for a permit to demolish a building situated on:

Land location: _____.

The demolition will commence on _____, 20____ and will be
COMPLETED on _____, 20_____.

OR

I hereby make application for a permit to move a building now situated on:

Land location: _____.

Move to:

Land Location: _____.

Or Out of Municipality:

Land Location: _____.

The building has the following dimensions: _____ length _____ width _____ height.

The building mover will be: _____.

Date of the move will be: _____.

Route of building move:

_____.

The site work (filling, final grading, landscaping, etc.) which will be done after removal of the building includes:

_____.

I hereby agree to comply with the Building Bylaw of the local authority and to be responsible and pay for any damage done to any property as a result of the demolition or moving of the said building, and to deposit such sum as may be required by Section 13 and 14 of the Building Bylaw. I acknowledge that it is my responsibility to ensure compliance with any other applicable bylaws, acts, and regulations and to obtain all required permits and approvals prior to demolishing or moving the building.

Signature or Owner/Owner's Agent

DATE

Schedule "E" to Bylaw No. 2019-02

APPLICATION Approval FOR:

_____ moving permit #: _____
_____ demolition permit #: _____

Permission is hereby granted to: _____.

_____ Move OR _____ Demolish

A building now situated on:

Land location: _____.

Move to:

Land Location: _____.

Or Out of Municipality:

Land Location: _____.

In accordance with the application dated _____, 20 _____.

THIS PERMIT EXPIRES SIX (6) MONTHS FROM THE DATE OF ISSUE.

This permit is issued subject to the following conditions:

_____.

Any deviation, omission, or revision to the approved application requires approval of the local authority or its authorized representative.

Permit fee \$: _____ Deposit fee \$: _____.

Signature of RM Authorized Representative

DATE