



**APPLICATION FOR DEMOLITION PERMIT**

➤ PLEASE PRINT CLEARLY & USE PEN.

- Demolition of all of building.
- Demolition of part of building.

- OFFICE USE ONLY -
ROLL#: _____
DATE RECEIVED: _____

Date of demolition: \_\_\_\_\_  
Month/Day/Year

OWNER(S): \_\_\_\_\_

STREET: \_\_\_\_\_ PHONE: \_\_\_\_\_

TOWN: \_\_\_\_\_ POSTAL: \_\_\_\_\_

DEMOLITION CONTRACTOR: \_\_\_\_\_

STREET: \_\_\_\_\_ PHONE: \_\_\_\_\_

TOWN: \_\_\_\_\_

PROJECT LOCATION - 911 Address: \_\_\_\_\_

CONCESSION / PLAN#: \_\_\_\_\_ LOT#: \_\_\_\_\_

SIZE OF BUILDING: Width \_\_\_\_\_ Length \_\_\_\_\_ #Storeys \_\_\_\_\_

USE OF THE BUILDING: \_\_\_\_\_

DEMOLITION TO BE PERFORMED:  Full Demolition  Partial Demolition

DESTINATION(S) OF DEMOLISHED MATERIALS: \_\_\_\_\_

WELL LOCATION: \_\_\_\_\_ TYPE OF WELL: \_\_\_\_\_

WELL TO CONTINUE IN USE:  Yes  No\*\*

\*\*If NO, then attach a written confirmation from your Licensed Contractor that the well was properly decommissioned.

➤ Flip over and fill out SITE PLAN on the back of this page.

NOTE: Personal information contained on this form, collected pursuant to the Building Code Act, will be used for the purpose of the Act. Questions should be directed to the Freedom of Information and Privacy Coordinator at the institution responsible for the procedures.

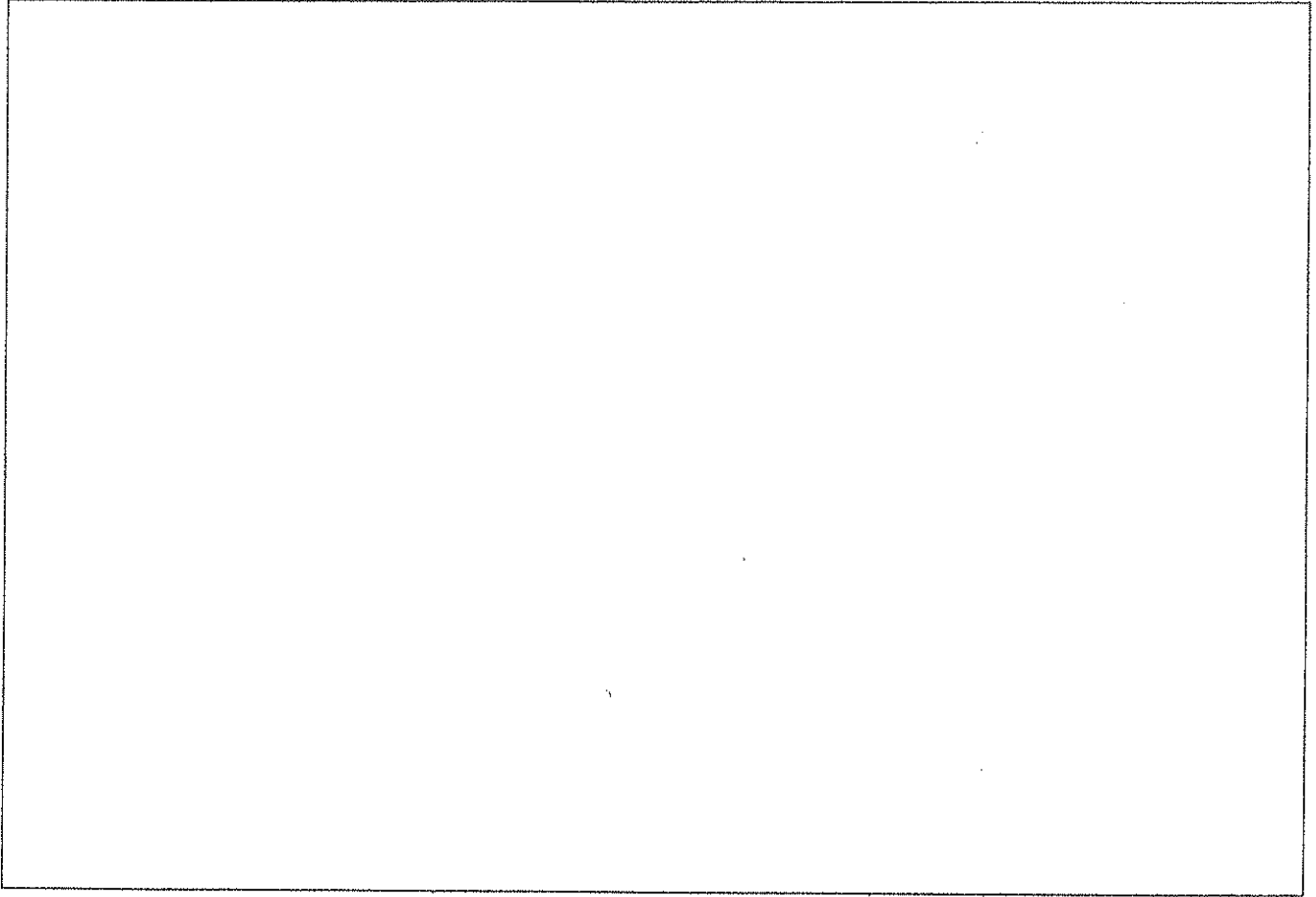
*TURN OVER →*

## DEMOLITION SITE PLAN

Indicate location and distances to:

- building to be demolished [indicate with a broken line - - - - on your site plan]
- lot boundaries
- well location
- remaining and replacement buildings

### SITE PLAN



# Application for a Permit to Construct or Demolish

This form is authorized under subsection 8(1.1) of the Building Code Act.

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to: West Perth  
(Name of municipality, upper-tier municipality, board of health or conservation authority)

A. Project information <u>911 Address</u>		
Building number, street name	Unit number	Lot/con.
Municipality	Postal code	Plan number/other description
Project value est. \$	Area of work <u>FR</u>	

★

B. Purpose of application	
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit	
Proposed use of building	Current use of building
Description of proposed work	

C. Applicant     Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner		
Last name	First name	Corporation or partnership
Street address	Unit number	Lot/con.
Municipality	Postal code	Province
Telephone number (    )	Fax (    )	E-mail
		Cell number (    )

D. Owner (if different from applicant)		
Last name	First name	Corporation or partnership
Street address	Unit number	Lot/con.
Municipality	Postal code	Province
Telephone number (    )	Fax (    )	E-mail
		Cell number (    )

Turn Over

<b>E. Builder (optional)</b>				
Last name		First name	Corporation or partnership (if applicable)	
Street address			Unit number	Lot/con.
Municipality		Postal code	Province	E-mail
Telephone number ( )		Fax ( )	Cell number ( )	
<b>F. Tarion Warranty Corporation (Ontario New Home Warranty Program)</b>				
i. Is proposed construction for a new home as defined in the <i>Ontario New Home Warranties Plan Act</i> ? If no, go to section G.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Is registration required under the <i>Ontario New Home Warranties Plan Act</i> ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. If yes to (ii) provide registration number(s): _____				
<b>G. Required Schedules</b>				
i) Attach Schedule 1 for each individual who reviews and takes responsibility for design activities.				
ii) Attach Schedule 2 where application is to construct on-site, install or repair a sewage system.				
<b>H. Completeness and compliance with applicable law - OFFICE TO COMPLETE</b>				
i) This application meets all the requirements of clauses 1.3.1.3 (5) (a) to (d) of Division C of the Building Code (the application is made in the correct form and by the owner or authorized agent, all applicable fields have been completed on the application and required schedules, and all required schedules are submitted). Payment has been made of all fees that are required, under the applicable by-law, resolution or regulation made under clause 7(1)(c) of the <i>Building Code Act, 1992</i> , to be paid when the application is made.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) This application is accompanied by the plans and specifications prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> .			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) This application is accompanied by the information and documents prescribed by the applicable by-law, resolution or regulation made under clause 7(1)(b) of the <i>Building Code Act, 1992</i> which enable the chief building official to determine whether the proposed building, construction or demolition will contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) The proposed building, construction or demolition will not contravene any applicable law.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I Declaration of applicant</b>				
I _____ declare that:				
(print name)				
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.				
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.				
Date		Signature of applicant		

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to who this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5 2E5 (416) 585-6666.

**APPLICATION TO COUNCIL FOR THE CANCELLATION,  
REDUCTION OR REFUND OF TAXES UNDER 357 (1)  
OF THE MUNICIPAL ACT AS AMENDED**

OFFICE USE ONLY

LOCATION OF PROPERTY \_\_\_\_\_  
\_\_\_\_\_

ROLL NO.	COUNTY	MUN.	MAP	SUB	PARCEL	TENANT
_____	31	30	_____	_____	_____	_____

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Effective Date of Cancellation \_\_\_\_\_  
(MAILING) \_\_\_\_\_

REASON FOR APPLICATION  
DEMOLISHING = \_\_\_\_\_  
\_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

**ASSESSMENT OFFICE USE ONLY**

ASSESSMENT AMOUNT: CLASS \_\_\_\_\_ AMOUNT \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

.....  
DETACH AND RETURN TO ASSESSMENT DEPARTMENT AFTER COUNCIL'S DECISION

OWNER'S NAME \_\_\_\_\_

ROLL NO.	COUNTY	MUN.	MAP	SUB	PARCEL	TENANT
_____	_____	_____	_____	_____	_____	_____

AS A RESULT OF COUNCIL'S DECISION DATED \_\_\_\_\_ TAXES WERE  
REBATED ON FOLLOWING AMOUNTS OF ASSESSMENT:  
CLASS \_\_\_\_\_ ASSESSMENT \_\_\_\_\_ \$ \_\_\_\_\_

WHERE APPLICABLE: DID COMMERCIAL ASSESSMENT REVERT TO VACANT COMM.?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE GIVE NAME OF NEW TENANT AND DATE EFFECTIVE  
\_\_\_\_\_

CLERK SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY  
DATE CHANGED \_\_\_\_\_ BY \_\_\_\_\_

*TURN OVER ->*

**NOTICE OF DEMOLITION**

The applicant shall notify all Utilities listed below, record the name of the authorized representative you spoke to at each Utility, the date the Utility will disconnect the service and return the form to the Building Department of the Municipality of West Perth prior to obtaining a Demolition Permit.

**FIRE CHIEF** (Mitchell & area) ..... 519-348-9031

Confirm your fire coverage district for the appropriate Fire Dept(s). to contact.

**Notify the Fire Chief of the 911 address of where you request permission to burn.**

Name of Fire Chief: \_\_\_\_\_

Date you spoke to Fire Chief: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

**UNION GAS**..... 1-800-400-2255

Date service to be disconnected: \_\_\_\_\_ Confirmation#: \_\_\_\_\_

Name of person you spoke to: \_\_\_\_\_

**AMERICAN WATER CANADA** (Water for Mitchell & Dublin) ..... 348-4940

**WEST PERTH POWER** (Hydro for Mitchell & Dublin)..... 348-8458

or

**HYDRO ONE** (Inquiries)..... 1-888-664-9376

Date service to be disconnected: \_\_\_\_\_ Confirmation#: \_\_\_\_\_  
[if applicable]

Name of person you spoke to: \_\_\_\_\_

**BELL CANADA** ..... 1-888-774-3111

Date service to be disconnected: \_\_\_\_\_ Confirmation#: \_\_\_\_\_

Name of person you spoke to: \_\_\_\_\_

**MITCHELL-SEAFORTH CABLE TV** ..... 519-345-2341

Date service to be disconnected: \_\_\_\_\_

Name of person you spoke to: \_\_\_\_\_

**DEMOLITION APPLICATION DECLARATION**

(Must be signed)

I, THE UNDERSIGNED, \_\_\_\_\_ DO HEREBY DECLARE:  
 (Please print your name)

1. That I am the Owner / Authorized Agent of the lands whereon the work is to be completed.
2. That I have a thorough knowledge of the matters pertaining to this application and have answered all the questions correctly.
3. That the drawings and specifications I have attached hereto were proposed for the work herein described.
4. That I will comply with all applicable by-laws and regulations for this municipality as well as the Ontario Building Code.
5. That I agree to disconnect all storm and sanitary sewers outside of the building, to request and have such work inspected, all to the satisfaction of the Municipal Inspector, before backfilling.
6. That I will notify the Chief Building Official of completion of the demolition.

\_\_\_\_\_  
 Owner / Authorized Agent's signature

\_\_\_\_\_  
 Month/Day/Year

\_\_\_\_\_  
 Chief Building Official or Representative's signature

\_\_\_\_\_  
 Month/Day/Year