



**CITY OF PORT ALBERNI
PLANNING & BUILDING DEPARTMENT
DEMOLITION PERMIT APPLICATION**

DATE RECEIVED

I, _____ HEREBY APPLY UNDER THE PROVISIONS OF THE BUILDING BYLAW
(NAME OF APPLICANT – PLEASE PRINT)

FOR PERMISSION TO DEMOLISH _____
(DESCRIPTION OF PROJECT)

SITE ADDRESS: _____

LEGAL DESCRIPTION: Lot _____ Block _____ DL _____ ALD PLAN _____

P.I.D.: _____

SUBJECT PROPERTY INFORMATION:

Applicant's Name(s) **(Please Print)** _____

Address: _____ Phone: _____

Date: _____ Applicant's Signature(s): _____

Note: Where the applicant is **NOT** the property owner, the following certification must be signed by all Registered Owners or their Solicitor/s:

This application is made with my consent and full knowledge of the particulars of the above request.

All Owners on Title(s) Name(s) (Please Print): _____

Contact Address: _____ Phone: _____

Date: _____ All Owner's Signature(s): _____

PLEASE NOTE:

- ALL DEMOLITION PERMITS REQUIRE A **CURRENT TITLE SEARCH**
- PRIOR TO PERMIT APPROVAL, ALL CITY OWNED UTILITIES MUST BE DISCONNECTED AT P/L. THESE INCLUDE WATER, STORM AND SANITARY SEWER CONNECTIONS. CONTACT THE CPA BUILDING INSPECTOR @ 250 720 2832 FOR INFO

CONTAMINATED SITES/ HAZORDOUS MATERIALS +



The City of Port Alberni, as an employer, ensures that all work sites are WorkSafe BC compliant. As such, all demolitions are subject to a completed hazardous materials survey, where applicable, that must accompany this application.

Date: _____ Applicant's Signature: _____

4850 ARGYLE STREET, PORT ALBERNI, BC V9Y 1V8

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