



## Permit Application

Request started on: _____	Request Completed on: _____	Req. No	<input type="text"/>
Entered by: _____			
Permit Type: <b>Demolition</b>			
Type of work: _____			

### Identification

Owner	Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____

### Location

Address: _____
Lot No.: _____
Zone(s): _____
Frontage: _____
Depth: _____
Area: _____
Service: _____

### Work

Contractor	Responsible Person
Name: _____	Name: _____
Address: _____	Phone: _____
City: _____	Work starting date: _____
Postal code: _____	Work completion target date: _____
Phone: _____	Completion date: _____
Fax: _____	Work value: _____
RBQ No.: _____	

**Demolition**

Demolition (complete/partial): \_\_\_\_\_

Dwelling units removed: \_\_\_\_\_

Liability insurance: \_\_\_\_\_

Taxes paid: \_\_\_\_\_

Preservation of foundations: \_\_\_\_\_

Building dimensions:

Façade: \_\_\_\_\_

Back: \_\_\_\_\_

Left side: \_\_\_\_\_

Right side: \_\_\_\_\_

Site to dispose of materials: \_\_\_\_\_

Water shut-off required: \_\_\_\_\_

**Work Description**

Blank area for work description.

**Applicant's Signature**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_