

## **Demolition Permit Application**

District of Ucluelet 200 Main St, P.O. Box 999 Ucluelet, BC VOR 3A0 250-726-7744

(Please print clearly)

NOTE: All data fields must be completed. Please put N/A in any field that does not apply to this permit. A separate application is required for each building to be removed that is greater than 10 Sqm.

Civic Address:				Parcel Identifier (PID):		
<b>Legal Description</b>	:					
Owner Inform	nation					
Property	Name:					
Owner(s) Please list all owners on title, if more space is required please submit a second application	Address:	NAME OR BUSINESS NAME, IF APPLICABLE, INCLUDING CONTACT PERSON				
	- "	HOUSE/STREET	CITY	PROVINCE	POSTAL CODE	
app.10011011	Email:	Phone:				
	Name:	NAME OR BUSINESS NAME, IF APPLICABLE, INCLUDING CONTACT PERSON				
	Address:					
		HOUSE/STREET	CITY	PROVINCE	POSTAL CODE	
	Email:	Phone:				
	Name:	NAME OR BUSINESS NAME, IF APPLICABLE, INCLUDING CONTACT PERSON				
	Address:	HOUSE/STREET	CITY	PROVINCE	POSTAL CODE	
	Email:	Phone:				
Agent Informa	ation					
Agent Information If an agent is applying for the building permit, they must be named on the Owner's Declaration and Agent Authorization)	Name:					
	A dduaes.	NAME OR BUSINESS NAME, IF APPLICABLE, INCLUDING CONTACT PERSON				
	Address:	HOUSE/STREET	CITY	PROVINCE	POSTAL CODE	
		·				
			Phone:			
Contractor	Name:					
Information		NAME OR BUSINESS NAME, IF APPLICABLE, INCLUDING CONTACT PERSON				
	Address:	HOUSE/STREET	CITY	PROVINCE	POSTAL CODE	
	Email:		Phone:			



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	Work or	District of	<b>Ucluelet</b>	<b>Property:</b>
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Will your project require the encroachment or use of pub	lic property such as a street or lane, draina	go ditch right of way (including drivoways				
sidewalks, boulevards, bike lanes, parks trails or service e						
servicing, offloading, staging, storing materials or fencing						
□ Yes □ No						
If yes, a Permit to Work in Road Allowance, Munici Please contact Public Works at 250-726-7744 befor		nay be required.				
Please contact Public Works at 250-726-7744 before	e submitting this building Permit.					
Notice of Personal Information Collection: The personal in building application in accordance with section 26(c) of the about how this information will be used, please contact the section 26 of the contact the contact the section 26 of the contact the contac	e Freedom of Information and Protection o	f Privacy Act. For more information				
The undersigned owner/authorized agent of the owner m submitted in support of the application is true and correct		declares that the information				
Applicant(s) Name (owner or agent):						
Applicant Signature:						
Date:						
ront Staff Use						
☐ Intake Staff Initials:						
☐ Intake Date stamped on front page of period	mit application form and document	s provided in support of				
application						
□ Title Search (current within 30 days)						
Hazardous Material Assessment (As required by Section 20.112(8) of the BC OHS Regulations) completed by a						
Qualified Professional						
• • •	<ul><li>Site Plan (2 copies)</li><li>Full Dimension of lot, north arrow and scale</li></ul>					
•	ding to be removed and note building	ng type				
<ul> <li>All existing covenants noted on th</li> </ul>	_	.6.775				
<b>G</b>	·					
uilding Review Use						
olio:	Permit No: BP					
eviewed by:						
Fees Section	GL Code	Amount				
uilding Permit - Demolition	1012880010					
itle Search	1012880010					
amage Deposit	1041470000					
/ater Shut Off	4010250000					
ther						
	Total Fee:					
	Date Paid:					
		·				