



# Demolition/Removal Permit Application

Today's Date: \_\_\_\_\_

Proposed Demo Date: \_\_\_\_\_

Demolition Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Type of Demolition: Check ONE box only (for comm., ind & inst sites a site profile is required)

- |                        |                          |               |                          |
|------------------------|--------------------------|---------------|--------------------------|
| Single Family Dwelling | <input type="checkbox"/> | Industrial    | <input type="checkbox"/> |
| Garage                 | <input type="checkbox"/> | Institutional | <input type="checkbox"/> |
| Shed                   | <input type="checkbox"/> | Mobile Home   | <input type="checkbox"/> |
| Commercial             | <input type="checkbox"/> | Other         | _____                    |

Have the following services been removed?

- |            |                          |     |                          |            |
|------------|--------------------------|-----|--------------------------|------------|
| Gas        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No         |
| Electrical | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No         |
| Water *    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No * _____ |
| Sewer *    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No * _____ |

\* Confirmation by Engineering Department

Written verification of submittal to Work Safe BC is required prior to the release of any demolition permit along with notice of project form (NOP-Asbestos). WCB contact info: 604-214-4800 or [www.worksafebc.com](http://www.worksafebc.com)

Written verification received?  Yes  No

Is there a fuel tank on the property?  Yes  No

If "Yes" please contact the Fire Department at 604-463-5880 for a removal permit.

Name of Property Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Owner(s) Phone Number(s): \_\_\_\_\_

**Turn Page Over ⇨**



## Demolition/Removal Permit Application

Name of Contractor: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone Number(s): \_\_\_\_\_

Contractor's Maple Ridge Business Licence Number: \_\_\_\_\_

**Please provide the following with your application:**

- Site plan showing all buildings, well and septic locations with distance to property lines

The building must remain secure during demolition and the site must remain secure until **all** debris is removed. This may be achieved by:

- Complete boarding of accessible doors and windows at the end of every work day; or  
 Onsite security; or  
 Temporary 6 ft high fencing.

Upon completion of demolition which includes removal of all relevant structures, foundations, debris and garbage, contact the Building Department to schedule a "Final" inspection.

\_\_\_\_\_  
\* Property Owner **OR** Agent's Signature

**\* Proof of ownership or a signed "Letter of Authorization" is required at time of permit application.**