

Application # \_\_\_\_\_

4818-47 Street Sedgewick, AB TOB 4C0

Phone: 780-384-3504 Fax: 780-384-3545

## **Application for Demolition Permit**

I/we hereby make an application under the provisions of the Land Use Bylaw for a demolition permit to demolish the following building(s) in accordance with the plans and supporting information submitted herewith this application.		
Applicant(s):		
Name:	Phone:	
Mailing Address:		
Civic Address of Property to be demolished:		
Legal Description: Plan Block	Lot(s)	OR
Registered Owner of Land:		
Name:	Phone:	
Mailing Address:		
Existing Use:	Land Use Distri	ict:
Type of Building Demolition:		<del>-</del>
Start Date:	Completion Da	te:
Estimated cost of project or contract price: \$		
Notes: Prior to demolition the gas, water and sewer service prior to any demolition or excavation. Call 1-800-24		ected. An Alberta One Call must be done
Demolition Application Fees: Res/Non Res. \$55.00		
Elected Official		Signature of Applicant
Appointed Official		 Signature of Applicant