



Application Date: _____
 CSA: _____
 Phone #: 604 _____

APPLICATION FORM FOR DEMOLITION PERMIT

Building Address: _____ **Postal Code:** _____

Legal Description: Lot: _____ Block: _____ D.L.: _____ **Plan:** _____

Type of Building to be demolished: Single Family Two Family Other: Please Specify: _____

Building Owner (s): _____ **Fax:** _____ **Phone:** _____

Address: _____ **Postal Code:** _____ **E-mail:** _____

Contractor: _____ **Fax:** _____ **Phone:** _____

Address: _____ **IMBL #:** _____ **E-mail:** _____

Agent (preferred contact): _____ **Fax:** _____ **Phone:** _____

Address: _____ **Postal Code:** _____ **E-mail:** _____

I acknowledge that the permit application fee is non-refundable.
 The information on this form is collected under the authority of the current Burnaby Building Bylaw and is in accordance with the Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for a building permit. It will be retained as a record of your application and may be used to contact the parties involved in this project. The name of the applicant, the name and address of the business associated with the application, the address to which the permit pertains, and the value of the work being done may be made available to the general public. If you have any questions about the collection and use of this information, please contact the Building Department at 604-294-7130.

Applicant (Print Name) _____ Signature _____ Date _____

STAFF TO FILL IN

Map #: _____ Zone: _____ CP Areas: _____

Subdivision/Rezoning: _____ Flood Plain Area: _____ Other: _____

DOCUMENTATION REQUIREMENTS: Building(s) identified on site plan.

	Submitted		Submitted	N/A
Agent Authorization	<input type="checkbox"/>	Tree Survey	<input type="checkbox"/>	<input type="checkbox"/>
Schedule F	<input type="checkbox"/>	Proof of Ownership	<input type="checkbox"/>	<input type="checkbox"/>

Circulation

PLANNING	Req'd	Date Forward	Returned	ENGINEERING	Req'd	Date Forward	Returned
Siting Approval	<input type="checkbox"/>	_____	_____	Damage Deposit	<input type="checkbox"/>	_____	_____
Community Plan Area	<input type="checkbox"/>	_____	_____	Site Profile	<input type="checkbox"/>	_____	_____
Heritage Building	<input type="checkbox"/>	_____	_____	OTHER	Req'd	Date Forward	Returned
Ecosystem (Stream)	<input type="checkbox"/>	_____	_____	Trees	<input type="checkbox"/>	_____	_____
Environmental Services	<input type="checkbox"/>	_____	_____	CN Rail	<input type="checkbox"/>	_____	_____
				Easement/Row	<input type="checkbox"/>	_____	_____

Comments

Building Permit (Demo)

Tree Permit #: _____ **Issue Date:** _____ **Initial:** _____

BYL #: _____ **Comments/Bylaw Officer:** _____ **Initial:** _____