



City of Burnaby
 Building Division
 Planning and Development Department
 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone: 604-294-7130 Fax: 604-294-7986



Application Date: _____
 Plan Checker (PC): _____
 PC E-mail: _____
 PC Phone Number: _____

DEMOLITION APPLICATION FORM

SITE ADDRESS:		POSTAL CODE:
LEGAL DESCRIPTION: Lot:	Block:	DL: Plan:
TYPE OF BUILDING TO BE DEMOLISHED: <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> CARPORT/GARAGE <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> ROW HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> OTHER:		
BUILDING OWNER(S):		
ADDRESS:		POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
DEMOLITION CONTRACTOR:		BUSINESS LICENSE # (Burnaby License or IMBL):
ADDRESS:		POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
AGENT CONTACT (Agent Authorization Form Required):		
ADDRESS:		POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
WHO WILL BE PAYING FOR THE DEMOLITION FEE: <input type="checkbox"/> PREFERRED CONTACT <input type="checkbox"/> DEMO CONTRACTOR <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER:		

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 demolition 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 public. If you have any questions about the collection and use of this information, please contact the Building Division at 604-294-7130.

Applicant Name: _____
 Owner Agent Contact
 _____ Signature _____ Date

SUBMISSION CHECKLIST

	<u>INCL.</u>	<u>N/A</u>		<u>INCL.</u>	<u>N/A</u>
Application Form	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Ownership	<input type="checkbox"/>	<input type="checkbox"/>
Schedule "F" Owner(s) Undertaking	<input type="checkbox"/>	<input type="checkbox"/>	Tree Survey (building identified on plan)	<input type="checkbox"/>	<input type="checkbox"/>
Agent Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>	Waste Diversion Form	<input type="checkbox"/>	<input type="checkbox"/>

Demolition Permit #: DEMO		Tree Permit #: TRE	
Bylaw Case: BYL	Bylaw Officer:	Issue Date:	Initial:



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DEMOLITION APPLICATION FORM

STAFF USE ONLY

SITE ADDRESS:

PROPERTY INFORMATION

Zone:	Subdivision:	Rezoning:
Study Area:	Flood Plain Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

CIRCULATION

	Req'd	<u>Date Forwarded</u>	<u>Date Returned</u>		Req'd	<u>Date Forwarded</u>	<u>Date Returned</u>
Transportation (CP)	<input type="checkbox"/>	_____	_____	Development Services - Engineering	<input type="checkbox"/>	_____	_____
Community (CP)	<input type="checkbox"/>	_____	_____	Traffic - Engineering	<input type="checkbox"/>	_____	_____
Zoning (CP)	<input type="checkbox"/>	_____	_____	Trees	<input type="checkbox"/>	_____	_____
Siting Approval (CP)	<input type="checkbox"/>	_____	_____				
Ecosystem (LRP)	<input type="checkbox"/>	_____	_____	C&D Waste Diversion	<input type="checkbox"/>	_____	_____
Heritage (LRP)	<input type="checkbox"/>	_____	_____				

Comments:

Demolition Permit #: DEMO	Tree Permit #: TRE		
Bylaw Case: BYL	Bylaw Officer:	Issue Date:	Initial: