



City of
Burnaby
Building Division
Planning and Development Department
2ND Floor, 4949 Canada Way, Burnaby, BC V5G 1M2
Phone: 604-294-7130 Email: Permits@Burnaby.ca

DEMOLITION PERMIT RESIDENTIAL APPLICATION FORM

Application Date: _____

Customer Service Assistant (CSA) _____

Section 1: Property Information

SITE ADDRESS:		POSTAL CODE:	
LEGAL DESCRIPTION:	Lot:	Block:	DL: Plan:
Building Type to be Demolished:	<input type="checkbox"/> Principal Building(s) <input type="checkbox"/> Accessory Building(s) <input type="checkbox"/> All Building(s) on Site		
Number of Principal Buildings to be Demolished:	Number of Accessory Buildings to be Demolished:		
Number of Dwelling Units being Demolished:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Type of Accessory Building(s) to be Demolished:	<input type="checkbox"/> Carport/Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Swimming Pool		

Section 2: Building Owner(s) *Note: if complete demolition is required, the mailing address must differ from the site address.*

PROPERTY OWNER:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	

Section 3: Demolition Contractor *Business License Name*

DEMOLITION CONTRACTOR:	Business License (IMBL or Burnaby):	
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	

Section 4: Agent Contact *Agent Authorization Form Required*

AGENT CONTACT:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
Who will be paying for the application fees: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Preferred Contact <input type="checkbox"/> Other:		
Who will be paying for the Engineering Fees including Damage Deposits: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent Contact <input type="checkbox"/> Other:		

I acknowledge that the demolition permit fee is non-refundable.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.

Applicant Name: _____
 Owner Agent Contact _____ Signature _____ Date

COMMENTS:

Section 5: Submission Checklist

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



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

COMMENTS:

Demolition Permit #: DEMO	Tree Permit #: TRE
Waste Diversion Permit #: WDP	Bylaw Case: BYL Bylaw Officer: