



INSPECTION SERVICES FOR THE CITY AND
CAMROSE COUNTY

PERMIT NO.

DEMOLITION PERMIT

Date: _____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: Owner Contractor

Owner Name _____ **Mailing Address** _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Owner's Agent _____ **Mailing Address** _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address _____

Lot _____ Block _____ Plan _____ Section _____ Township _____ Range _____ W4

DATE OF DEMOLITION _____ BUILDING VALUE _____

TYPE OF OCCUPANCY	TYPE OF STRUCTURE TO BE DEMOLISHED
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> RTM / Manufactured Home <input type="checkbox"/> Accessory Building (Shop/Shed/Garage) <input type="checkbox"/> Other (describe): _____ _____

FOIPP Notification: The personal information required by the City of Camrose application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Personal information may also be used by the City of Camrose to conduct ongoing evaluations of the services provided by its service providers to permit applications, permit holders and owners. Please direct any questions about this application to the City of Camrose FOIPP Coordinator at 780.672.4426.

Permit Applicant (Print)

Permit Applicant (Signature)

Homeowner Signature (**homeowner permit only**)

By signing this application I hereby certify that I own or will own and occupy this dwelling.

Office Use Only		
Permit Fee	SCC Levy (\$4.50 or 4% of permit fee, max \$560.00)	Issuer's Name
Travel Fee (Includes GST)	Total Cost	Issuer's Signature
Credit Card No.:	Receipt No.	Designation Number
	Expiry:	Permit Issue Date
	SCO Designation Number	SCO Signature

Permit expires two years after Permit Issue Date unless, prior to expiry date, an extension is applied for and accepted at the discretion of the Safety Codes Officer.

City of Camrose 5204 – 50 AVENUE, Camrose AB T4V 0S8 PHONE 780.672.4428 FAX 780.672.6316 EMAIL permits@camrose.ca

CONDITIONS:

THE APPLICANT IS REQUIRED TO CONTACT PUBLIC WORKS PRIOR TO DEMOLITION TO DISCUSS UTILITY SHUTOFF AND POTENTIAL NEW SERVICES TO THE SITE. FOR MORE INFORMATION CONTACT THE MANAGER OF UTILITIES AT 780.672.5513.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO LEAVE THE GARBAGE (BLACK) AND ORGANIC (GREEN) CARTS OUT FOR COLLECTION BY CITY WASTE OPERATIONS STAFF. IN THE EVENT THAT A CART IS LOST OR DAMAGED, THE APPLICANT WILL BE REQUIRED TO PAY A FEE. FOR MORE INFORMATION CONTACT ENGINEERING AT 780.672.4428.

THE APPLICANT IS RESPONSIBLE TO NOTIFY ADJACENT LANDOWNERS WITHIN 50 METRES AT LEAST 7 DAYS PRIOR TO DEMOLITION, IN ACCORDANCE WITH THE LAND USE BYLAW. PLEASE CONTACT PLANNING AND DEVELOPMENT AT 780.672.4428 FOR MORE INFORMATION.

ANY DEMOLITIONS TAKING PLACE WITHIN THE SPECIAL HISTORICAL RESIDENTIAL DISTRICT OR SPECIAL HISTORICAL COMMERCIAL DISTRICT MUST COMPLY WITH SECTION 9.10.13 OF THE LAND USE BYLAW. FOR MORE INFORMATION CONTACT PLANNING AND DEVELOPMENT AT 780.672.4428.

BEFORE ANY EXCAVATION OR CONSTRUCTION IS STARTED THE FOLLOWING SHOULD BE CHECKED:

- (A) UTILITIES - LOCATION, HEIGHT OR DEPTH, AND PROTECTION FROM DAMAGE OF ALL UTILITIES, I.E. SEWERS, WATER, POWER, GAS, TELEPHONE, ETC.
- (B) LEVELS - RESPECTING PROPOSED ELEVATIONS OF FINISHED LANES, STREETS OR AVENUES, SANITARY OR STORM SEWER CONNECTIONS.
- (C) DISTANCE TO ANY PUBLIC INFRASTRUCTURE INCLUDING BOULEVARD TREES.

DEMOLITION IS TO TAKE PLACE BETWEEN 7 AM AND 11 PM ONLY.

OWNER SHALL BE RESPONSIBLE FOR ANY DAMAGE TO CITY PROPERTY.

ASBESTOS ABATEMENT INFORMATION FORM

In buildings to be renovated or demolished, materials having the potential for releasing asbestos fibres shall be removed prior to renovation or demolition. This form must be completed and submitted to the City of Camrose **prior to** Building or Demolition Permit issuance.

Project Name: _____

Project Address: _____

Legal Description: Lot _____ Block _____ Plan _____

- I hereby give assurance that all materials having the potential for releasing asbestos fibres have been removed from the project area to be renovated or demolished. I confirm that waste materials have been disposed of in an approved landfill site as required by Alberta Environment.

OR

- I hereby give assurance that there are no materials having the potential for releasing asbestos fibres in the project area to be renovated or demolished.

NAME _____ SIGNATURE _____

REPRESENTING (FIRM) _____

ADDRESS _____

PHONE _____ DATE _____

Asbestos abatement requirements are located in the Occupational Health and Safety (OHS) Code administered by Workplace Health and Safety (Alberta Employment and Immigration). **Occupational Health and Safety legislation requires anyone beginning an asbestos project to notify Workplace Health and Safety at least 72 hours before work starts.**