

## **Demo or Relocation Permit**

Box 114 • Candle Lake, Sk. • SOJ 3EO

## Application

Building Address:		Permit Number		
Legal Land Description: Lot_				
Applicant Information:	Δ	Are you also the primary o	contact? Yes No	
Name:				
Address:		Postal Code:		
Phone:	Email:			
Legal Land Owner:		_ Email:	Phone:	
Building Contractor:		_ Email:	Phone:	
Residential Demolitions:	Accessory Building (Garage, Shed, and Deck)			
	Single Family Dwelling			
	Duplex/Semi Detached			
	Numbers of Secondary Suites			
	Total Floor Area of all Buildings Being Demolished (sq ft)			
Commercial Demolitions:	Building Use			
	Total Floor Area of All Buildings Being Demolished (sg ft)			
<u>-</u>	Yes No	Details:	s ie. Asbestos and been disposed in	
	Reques	st for Demolition Permit		
I hereby acknowledge that I have and or provincial laws regarding demolition,	* *		ect and agree to comply with all Resort Village By-La	
It being expressly understood tha understand that conditions may be placed or			nplying with all bylaws and or provincial laws. I	
Legal Landowner (Print)		Signature		
Dated	Permit Fee: \$125 R	leceipt number		
Performance Bond: \$5000	Demo \$1500	receipt num	ber	
Main Office (306)929-22	236 • Fax (306)929-2201 • E	mail: <u>info@candlelake.ca</u> • W	ebsite: www.candlelake.ca	