



Building Division, Planning and Development Department  
 2<sup>ND</sup> Floor, 4949 Canada Way, Burnaby, BC V5G 1M2  
 Phone: 604-294-7130 Fax: 604-294-7986



# DEMOLITION PERMIT APPLICATION FORM

Application Date: \_\_\_\_\_

Customer Service Assistant (CSA) \_\_\_\_\_

## Section 1: Property Information

<b>SITE ADDRESS:</b>		<b>POSTAL CODE:</b>	
LEGAL DESCRIPTION:	Lot:	Block:	DL: Plan:
<b>Occupancy Type:</b>	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family Dwelling <input type="checkbox"/> Carport/Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Row House <input type="checkbox"/> Apartment <input type="checkbox"/> Other:		

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

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

## Section 3: Demolition Contractor *Business License Name*

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

## Section 4: Agent Contact *Agent Authorization Form Required*

AGENT CONTACT:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
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

<b>COMMENTS:</b>

## 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"/>	



# DEMOLITION PERMIT APPLICATION FORM



Application Date: \_\_\_\_\_

Customer Service Assistant (CSA) \_\_\_\_\_

## 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"/>	_____	_____				
Zoning (CP)	<input type="checkbox"/>	_____	_____	Trees	<input type="checkbox"/>	_____	_____
Siting Approval (CP)	<input type="checkbox"/>	_____	_____	C & D Waste Diversion	<input type="checkbox"/>	_____	_____
Ecosystem (LRP)	<input type="checkbox"/>	_____	_____				
Heritage (LRP)	<input type="checkbox"/>	_____	_____				

### COMMENTS:

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<b>Demolition Permit #:</b> DEMO	<b>Tree Permit #:</b> TRE
<b>Waste Diversion Permit #:</b> WDP	<b>Bylaw Case:</b> BYL <b>Bylaw Officer:</b>