

Town of Cut Knife

Demolition Permit

Civic Address of Demolition Site:

FORM "C"

Fee:

Date:

\$25.00

For Office Use

Roll Number:

Permit Number:

Applicant Name:

☐

Property Owner

☐

Authorized Agent

Mailing Address:

Contact Information:

Phone:

email:

Fax:

Owner Name: *(If different than applicant)*

Mailing Address:

Contact Information:

Phone:

email:

Fax:

Description of Proposed Work:

(Type of equipment expected to be required, all buildings/out buildings that are intended to be demolished, how removal of material is intended to be undertaken, where material is intended to be removed to. Please provide any information that may be pertinent)

(if more room is required please use the back of this form)

Please Note:

The Town of Cut Knife accepts no responsibility for line Locates. The Applicant is responsible to arrange for any line locates that may be required.

www.sask1stcall.com

PH: (866) 828-4888

The Applicant is required to arrange for, and assumes responsibility for refuse removal, refuse bins etc.

Suggested is Loraas Environmental Services Ltd. In North Battleford.

PH: (306) 445-3900

Recovery of Expenses \$ 500.00

The Applicant is responsible to familiarize themselves with the Town of Cut Knife truck routes and to ensure that they are adhered to as much as is possible.

Declaration of Applicant:

I _____ declare that:

- 1 The information included in this document and attachments, if any, is the true to the best of my knowledge.
- 2 In the event that the owner named is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date: _____

Signature of Applicant: _____