TOWN OF CUT KNIFE

Home of the World's Largest Tomahawk

Box 130 Cut Knife, SK S0M 0N0
Phone (306) 398-2363 Fax (306) 398-2839
townofcutknife@sasktel.net

Permit #: _____

DEMOLITION PERMIT APPLICATION

FEE: $100.00

#1. APPLICANT INFORMATION

Full Name:	
Mailing Address:	
Phone Number:	Email:

#2. REGISTERED OWNER *Check If Stated As Above ☐

Full Name:	
Mailing Address:	
Phone Number:	Email:

#3. 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 patient). If more room is required for writing please use the back of this form.

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. Contact (866) 828-4888 or visit www.sask1stcall.com for further information.

The applicant is required to arrange for, and assumes responsibility for refuse removal, refuse bins etc. Contact Loraas Environmental Services Ltd. in North Battleford at (306) 445-3900.

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

#4. ADDITIONAL DOCUMENTS

As per Bylaw 193-2026 the following needs to be submitted along with this Application:

☐ **Site Plan** ☐ **Confirmation of Disconnected Utilities** ☐ **Confirmation of Paid Taxes** ☐ **Asbestos Report**

#5. DECLARATION OF APPLICANT

I, (full name) _____ of the (town) _____ in the province of Saskatchewan do solemnly declare that the above statement contained within the application are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the "Canada Evidence Act".

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Reviewed By: _____ Approved By: _____

Date: _____