



# TOWN OF BATTLEFORD

Revised August 2018

## MOVING OUT/DEMOLITION APPLICATION

Asbestos Testing is required prior to the issuance of a moving out or demolition permit. The applicant must provide the Town with the test results. If the test is positive, it is the owner's responsibility to remove the materials safely according to OH&S regulations and must provide the Town with a removal plan.

### Applicant Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

### Moving

#### Current Location:

Civic Address \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Registered Plan No. \_\_\_\_\_ Parcel No. \_\_\_\_\_  
LSD \_\_\_\_\_ ¼ \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ Mer. W3M

#### Moving to (inside Town Limits):

Civic Address \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Registered Plan No. \_\_\_\_\_ Parcel No. \_\_\_\_\_  
LSD \_\_\_\_\_ ¼ \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ Mer. W3M

Outside Town Limits \_\_\_\_\_

#### Building Information:

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_  
Building Mover \_\_\_\_\_ Date of Move \_\_\_\_\_  
Moving Route \_\_\_\_\_

### Demolition

Civic Address \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Registered Plan No. \_\_\_\_\_ Parcel No. \_\_\_\_\_  
LSD \_\_\_\_\_ ¼ \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ Mer. W3M  
Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Site Work After Removal of Building (filling, final grading, landscaping, etc.) \_\_\_\_\_

### Declaration

I hereby agree to comply with the provisions of the Building Bylaw of the Town of Battleford and to become responsible and pay for any damage done to any property as a result of the demolition or moving of the said building; and to pay the applicable fees required by the bylaw. I acknowledge that it is my responsibility to ensure compliance with any other applicable bylaws, Acts and regulations; and to obtain all required permits and approvals prior to demolishing or moving the building. **This permit expires six (6) months from the date of issue; unless otherwise stated.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### TOWN APPROVAL:

\_\_\_\_\_ Asbestos Report Permit Fee \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Municipal Official