

DEMOLITION INFORMATION

BUILDING SERVICES DIVISION: VICTORIAVILLE CIVIC CENTRE, 2nd Floor
111 Syndicate Ave. S., Thunder Bay ON P7C 5K4

PROJECT ADDRESS _____
PLAN AREA OF BUILDING _____ SQ.FT. NUMBER OF STOREYS (NOT INCLUDING BASEMENT) _____

THE UNDERSIGNED IS EMPOWERED TO REPRESENT THEIR RESPECTIVE AREA OF JURISDICTION BELOW FOR THE PURPOSES OF A DEMOLITION PERMIT APPLICATION AND CERTIFY THAT THEY ARE SATISFIED THAT THE PROPOSED DEMOLITION CAN TAKE PLACE.

SEWER AND WATER DIVISION 2 ND FLOOR, VICTORIAVILLE CIVIC CENTRE 111 SYNDICATE AVE S 625-2287	NAME (please print) _____ SIGNATURE _____ COMMENTS:
TBAY TEL 751 TUNGSTEN ST. 684-2835	NAME (please print) _____ SIGNATURE _____ COMMENTS:
SYNERGY NORTH (Formerly Thunder Bay Hydro) 37 FRONT STREET 343-1111	NAME (please print) _____ SIGNATURE _____ COMMENTS:
ENBRIDGE GAS INC. (Union Gas) 1-855-228-4898 EXT 5111137 NOTE: WHEN APPLICANT HAS CALLED AND MADE SUITABLE ARRANGEMENTS WITH THIS UTILITY, THE BUILDING DIVISION WILL OBTAIN SIGNATURE PLEASE NOTE: THE DISCONNECT PROCESS CAN TAKE UP TO THREE WEEKS TO COMPLETE	NAME (please print) _____ SIGNATURE _____ COMMENTS:
THUNDER BAY FIRE & RESCUE SERVICE 330 VICKERS ST. N. 625-2650 or 625-2103 NOTE: SIGNATURE NOT REQUIRED FOR SINGLE, SEMI-DETACHED, DUPLEX OR TOWNHOUSE DWELLINGS, OR RESIDENTIAL ACCESSORY BUILDING	NAME (please print) _____ SIGNATURE _____ COMMENTS:

REQUIREMENT FOR PROFESSIONAL ENGINEER

READ BELOW AND COMPLETE **A** OR **B**

<p>A. I DECLARE THAT THE CONDITIONS LISTED ABOVE FOR WHICH A PROFESSIONAL ENGINEER IS REQUIRED DO NOT APPLY.</p> <p>A PROFESSIONAL ENGINEER MUST BE RETAINED FOR WORK THAT INCLUDES THE FOLLOWING:</p> <ol style="list-style-type: none"> BUILDINGS EXCEEDING 3 STORIES OR PLAN AREA GREATER THAN 600 M² (6,458 FT²), STRUCTURES INCLUDING PRE-TENSIONED OR POST-TENSIONED MEMBERS, DEMOLITION THAT WILL EXTEND BELOW OR WITHIN THE ANGLE OF REPOSE OF SOIL BELOW THE FOOTINGS OF ADJACENT STRUCTURES, OR THAT WILL USE EXPLOSIVES OR A LASER. 	<p>B. I AM A PROFESSIONAL ENGINEER AND WILL SUPERVISE THE PROPOSED DEMOLITION WORK</p> <p>_____ SIGNATURE OF PROFESSIONAL ENGINEER</p> <p>_____ NAME OF PROFESSIONAL ENGINEER (please print)</p> <p>_____ ADDRESS</p> <p>_____ TELEPHONE FAX EMAIL</p>
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DECLARATION, RELEASE AND WAIVER

I, THE UNDERSIGNED, AM THE AUTHORISED OWNER/AUTHORIZED REPRESENTATIVE OF THE OWNER NAMED IN THE ATTACHED APPLICATION AND I CERTIFY THE TRUTH OF ALL THE STATEMENTS OR REPRESENTATIONS CONTAINED THERE IN.

I UNDERSTAND THAT THE ISSUANCE OF A PERMIT SHALL NOT BE DEEMED A WAIVER OF ANY OF THE PROVISIONS OF ANY APPLICABLE LAW NOTWITHSTANDING ANYTHING INCLUDED IN OR OMITTED FROM THE PLANS OR OTHER MATERIAL FILED IN SUPPORT OF OR IN CONNECTION WITH THE SAME APPLICATION.

I ACKNOWLEDGE THAT I HAVE SATISFIED MYSELF AS TO THE PROVISIONS OF ALL LAWS AS THEY APPLY TO THE LANDS AND THE PROPOSED WORK AND THAT I HAVE NOT RELIED UPON THE ADVICE OR OPINION OF THE CORPORATION OF THE CITY OF THUNDER BAY, ITS AGENTS, SOLICITORS OR SERVANTS WITH RESPECT THERETO, NOR UPON THE FACT OF THE ISSUANCE OF A PERMIT.

I HEREBY CERTIFY THE DEMOLITION OF THE BUILDING WILL NOT VIOLATE ANY LAW, CONTRACT OR OTHER OBLIGATION.

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO BIND HERETO ALL OWNERS OF THE SAID LAND AND PREMISES AND COVENANT AND AGREE TO INDEMNIFY THE CORPORATION OF THE CITY OF THUNDER BAY, ITS AGENTS, SOLICITORS AND SERVANTS FROM AND AGAINST ALL CLAIMS FROM ALL OWNERS OF THE SAID LANDS AND PREMISES ARISING OUT OF THE GRANTING OR REVOCATION OF THE PERMIT AND/OR FROM ANY LIABILITY WHATSOEVER WHICH MAY ARISE IN THE EVENT THAT IT IS DETERMINED THAT A CONTRAVENTION OF ANY SUCH LAW NOW OR HEREAFTER EXISTS.

APPLICANT (please print) _____ PHONE NO. _____

COMPANY NAME (if applicable) _____

SIGNATURE _____ DATE _____

WHERE THERE IS MORE THAN ONE BUILDING ON THE LOT, A SITE PLAN INDICATING BUILDING TO BE DEMOLISHED MUST BE PROVIDED.

- ONE BUILDING ON LOT
OR
 SITE PLAN ATTACHED

DATE DEMOLITION TO START

PROPOSED COMPLETION DATE

OFFICE USE ONLY

OWNERSHIP ATTACHED AND CHECKED

PERMIT FEE \$ _____

DATE ISSUED _____

ISSUED BY _____

PERMIT NUMBER _____