

# BUILDING DEMOLITION APPLICATION



**APPLICANT INFORMATION:**

DATE: \_\_\_\_\_

Applicant Name		Company Name (if applicable)	
Home Phone Number	Cell Phone Number	Fax Number	E-mail Address
Apt. No. – Street No. Street Name/ P.O. Box – Rural Route		City	Province/Territory Postal Code

**PROPERTY OWNER INFORMATION:**

Property Owner Name		Company Name (if applicable)	
Home Phone Number	Cell Phone Number	Fax Number	E-mail Address
Apt. No. – Street No. Street Name/ P.O. Box – Rural Route		City	Province/Territory Postal Code

**CONTRACTOR INFORMATION:**

Contractor Company Name		Contact Person Name	
Home Phone Number	Cell Phone Number	Fax Number	E-mail Address
Apt. No. – Street No. Street Name/ P.O. Box – Rural Route		City	Province/Territory Postal Code

**Project Information**

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian/ Extension: \_\_\_\_\_  
 LSD: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Extension: \_\_\_\_\_

Disposal of Building Material: \_\_\_\_\_

Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Please print) (City, Province)

in the Province of Saskatchewan, solemnly declare that all of the above statements within this 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*.

I further agree that \_\_\_\_\_, is appointed as the Agent in regards to this  
(Please print)

application and has the authority to answer questions or inquiries shall be directed to him/her, and he/she shall be provided information by the RM of Sherwood No. 159 in regards to this application only. The Agent has my authorization to make decisions in his/her best judgment in regards to this application.

I hereby authorize the RM of Sherwood No 159 to enter my land for the purpose of conducting a site inspection in regards to this application.

The information on this form is being collected under the authority of section 28(a) of *the Freedom of Information and Protection of Privacy Act* and will be used solely for the purpose of the rezoning application.

I further agree to indemnify and hold harmless the Municipality from and against any claims, demands, liabilities, costs or damages related to the development undertaken pursuant to this application.

_____	_____
<i>Applicant Signature</i>	<i>Date</i>
_____	_____
<i>Property Owner Signature</i>	<i>Date</i>

Assigned Permit No.:
Date: