

BUILDING MOVE/DEMOLITION PERMIT APPLICATION



APPLICANT INFORMATION:

Applicant Name		Company Name (if applicable)	
Home Phone Number	Cell Phone Number	E-mail Address	
Mailing Address		Province	Postal Code

PROPERTY OWNER INFORMATION:

Check if Same as Applicant

Property Owner Name		Company Name (if applicable)	
Home Phone Number	Cell Phone Number	E-mail Address	
Mailing Address		Province	Postal Code

BUILDING MOVE (check here)

MOVE FROM:

Quarter: _____ Section: _____ Township: _____ Range: _____ W2
 Lot: _____ Block: _____ Plan: _____ Extension: _____
 Civic Address: _____

MOVE TO:

Quarter: _____ Section: _____ Township: _____ Range: _____ W2
 Lot: _____ Block: _____ Plan: _____ Extension: _____
 Civic Address: _____

Type of Building: _____ Building Dimensions: _____
 Building Move Route: _____

Start Date: _____ Estimated Completion Date: _____

Site Restoration Measures: (filling, site grading, landscaping, etc.) _____

***Please note that a transportation permit may be required.**

BUILDING DEMOLITION (check here)

Quarter: _____ Section: _____ Township: _____ Range: _____ W2

Lot: _____ Block: _____ Plan: _____ Extension: _____

Civic Address: _____

Disposal of Building Material: _____

Start Date: _____ Estimated Completion Date: _____

Site Restoration Measures: (filling, site grading, landscaping, etc.) _____

Demolitions within the RM of Sherwood must follow:

- RM of Sherwood Building Bylaw 03/20
- Saskatchewan Asbestos Abatement Guidelines
- Standards Council of Canada Code of Practice for Safety in Demolition
- *The Municipal Refuse Management Regulations*
- *The Environmental Management and Protection Act, 2010*

I, _____ of _____
(Please Print Full Name) (Please Print City, Province)

in the province of Saskatchewan, solemnly declare that all 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 to indemnify and hold harmless the Municipality from and against any claims, demands, liabilities, costs or damages pursuant to this application.

I further agree that _____, is appointed as the Agent regarding this application and has the
(Please Print Full Name)

authority to answer any questions or inquiries that may be directed to them, and they shall be provided information by the RM of Sherwood No. 159 regarding this application only. The Agent has my authorization to make decisions in their best judgment regarding this application.

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

Applicant Signature Date Property Owner Signature Date