

**WEST HANTS REGIONAL MUNICIPALITY**  
P.O. Box 3000, 76 Morison Drive, Windsor, NS B0N 2T0  
**Planning and Development Department**  
**Phone: 902-798-8391 Ext. 115**      **Email: bdauphinee@westhants.ca**



**West Hants**  
something inspiring awaits

**DEMOLITION PERMIT APPLICATION**

Location of Demolition:	Permit:
-------------------------	---------

OWNER INFORMATION	CONTRACTOR INFORMATION
Name:	Company Name:
Mailing address:	Contact:
Phone:	Mailing address:
Email:	Phone:

Type of Structure (please indicate): \_\_\_\_\_ Existing Use: \_\_\_\_\_

If this is a dwelling, are you planning to rebuild in the next year?       Yes       No

Reason for Demolition:

Method of Disposal of Debris:

Description of Debris:

Disposal Area: Municipal Landfill    Yes    No If no, what will be done with debris?

Proposed Disposal Date:

***Note: (Prior to demolition) For termination of any water and sewer services contact Public Works at 902-798-8391 Ext. 125. Material intended for disposal at the Municipal Landfill should be delivered to the Landfill site within 30 days of the proposed disposal date. Where the material cannot be delivered to the Landfill site within 30 days, the owner should contact the Building Official at 902-798-8391 Ext. 122 to request a 30-day extension***

**SIGNATURE** (If you are not the property owner, please attach a signed Authorization Statement)

By signing this application, I affirm that the facts set forth are true and complete. It is clearly understood that this is only an application and does not authorize the applicant to proceed with any work until a permit is issued.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For office use only**

<b>Date Issued:</b> ____/____/____ <b>Date of Inspection:</b> ____/____/____ <b>Receipt #:</b> _____ <b>Fee:</b> _____	<b>PID:</b> _____ <b>Lot:</b> _____ <b>Zone:</b> _____ <b>Area:</b> _____ <b>Heritage Property:</b> _____ Yes _____ No
--	--

**APPROVED BY** \_\_\_\_\_, **Building Official**