



**THE MUNICIPALITY OF THE DISTRICT OF WEST HANTS**  
P.O Box 3000, 76 Morison Drive  
Windsor, NS B0N 2T0

**DEMOLITION PERMIT APPLICATION**

Location of Demolition: _____		Permit: _____
Owner:		Contractor:
Name _____	Name _____	
Mailing Address _____	Mailing Address _____	
_____	_____	
Phone _____	Phone _____	

Type of Structure: \_\_\_\_\_

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

Method of Disposal of Debris \_\_\_\_\_

Description of Debris \_\_\_\_\_

Proposed Disposal Date \_\_\_\_\_

**Note: 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.**

I declare that the information and statements contained in this application are true. 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.

I certify that I am the owner or acting with the owner's consent.

\_\_\_\_\_

\_\_\_\_\_

Date

Signature of Owner or Agent

**For office use only**

**Receipt #**

Date Issued _____	PID # _____	Fee \$25.00
Date of Inspection _____	Lot # _____	Zone _____ Area _____

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