



THE MUNICIPALITY OF THE DISTRICT OF WEST HANTS
 P.O. Box 3000, 76 Morison Drive, Windsor, NS B0N 2T0
Planning and Development Department
 Phone: 902-798-8391 Ext. 115 Fax: 902-798-8553

DEMOLITION PERMIT APPLICATION

Location of Demolition:	Permit:
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OWNER INFORMATION	CONTRACTOR INFORMATION
Name:	Name:
Mailing address:	Company Name:
Phone:	Mailing address:
Email:	Phone:

Type of Structure: If this is a dwelling, are you planning to rebuild in the next year? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

Date Issued: ___/___/_____ Date of Inspection: ___/___/_____	Receipt #: _____ Fee: \$25.00 PID: _____ Lot: _____ Zone: _____ Area: _____
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APPROVED BY _____, Building Official