



# DEVELOPMENT PERMIT DEMOLITION APPLICATION

To fill out this form on your computer, please save it and open it using [Adobe Acrobat Reader](#). (Available for free.)

DP # \_\_\_\_\_

Property Address		Description of Demolition		
Lot	Block	Plan		
Applicant			Tel Fax	Cell
Address of Applicant			Email	
Contractor Carry ing Out Demolition				Tel/Cell
Name of REGISTERED OWNER				Tel/Cell
Commencement Date (Estimated)		Completion Date (Estimated)		
OFFICE USE ONLY Development Permit for Demolition Application Fee \$ _____ Receipt # _____				

It is the responsibility of the Registered Owner or their Agent to ensure that all meters and connections for services listed below have been removed BEFORE demolition begins. The Demolition Permit will not be issued until all authorized signatures are submitted to Planning & Development at the Town Office.

Town of Olds Water & Sewer.....Tel 403-507-4833 Fax 403-556-6942

\_\_\_\_\_ Town of Olds Approval Signature

Fire Inspector.....Tel 403-507-4850 Fax 403-556-6175

\_\_\_\_\_ Fire Inspector Approval Signature

Telephone.....Telus – Tel toll free 310-2255 then press zero

\_\_\_\_\_ Telus Approval Signature or Confirmation #

Electricity .....FortisAlberta – Tel toll free 310-9473

\_\_\_\_\_ FortisAlberta Approval Signature or Confirmation #

Natural Gas.....ATCO Gas – Tel 403-556-3798 Fax 403-556-7067

\_\_\_\_\_ ATCO Gas Approval Signature or Confirmation #

Shaw Cablesystems.....Shaw Cablesystems – 403-340-6438

\_\_\_\_\_ Shaw Approval Signature or Confirmation #

O-Net.....O-Net – 403-556-6638

\_\_\_\_\_ O-Net Approval Signature or Confirmation #

**TO BE COMPLETED BY APPLICANT**

1. Where will the demolition material be taken? (e.g. Transfer Station, approved sanitary landfill, recycle operation, etc.)
  
2. Do you have an Eco (Environmental Waste Management) Plan?  
Waste generated from demolition can consist of asphalt, concrete, fill materials (earth, gravel sand, etc.) bricks, ceramics, plumbing insulation, wood, glass (windows etc.) and metal (girders, rebar siding, doors etc.) Many of these materials can be reused or recycled instead of being sent to the landfill. How will materials be recycled/disposed of?
  
3. If the material will not be recycled or reused immediately, where will these materials be stored or disposed?
  
4. What condition will the parcel be left in following the demolition?
  
5. What is the intended use for the property once demolition has been completed?

I hereby make application under the provisions of the Town of Olds Land Use Bylaw #01-23 for a Development Permit in accordance with the plans and supporting information submitted herein and which form part of this application.

\_\_\_\_\_  
Name of APPLICANT (Please Print)

\_\_\_\_\_  
Signature of APPLICANT

\_\_\_\_\_  
DATE

**Note: A Building Permit is also required with a Demolition Permit. A final inspection must be completed by the Town of Olds Building Inspector. Please contact the Building Inspector at 403-507-4809 or drausch@olds.ca to arrange for an inspection.**



# BUILDING PERMIT APPLICATION

BP Fee \$ _____	Receipt# _____
SCC Fee \$ _____	Roll # _____
<b>TOTAL</b> \$ _____	

Building Permit #	Application Date
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**Project Location:**  
 Civic Address \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

**Applicant** \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_

**Owner/ Prospective Owner** \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_

**Contractor** \_\_\_\_\_ Contact Person: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_

**Name of Architect/ Engineer**  
 (if applicable) \_\_\_\_\_

**Occupancy Type:**  Residential  Commercial  Industrial  Institutional  Other \_\_\_\_\_  
**Type of Work:**  New Construction  Addition  Renovation  Demolition  Foundation  Garage / Shed / Carport  
 Wood Burning Appliance  Other \_\_\_\_\_  
**Building Area Ft<sup>2</sup>:** \_\_\_\_\_ **Basement Development Ft<sup>2</sup>** \_\_\_\_\_ **Number of Stories** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Value of Material & Labour \$ \_\_\_\_\_

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety codes Act and Regulations and work will commence within 90 days.

**APPLICANT NAME** \_\_\_\_\_ **APPLICANT SIGNATURE** \_\_\_\_\_

The personal information requested on this form is being collected for the purpose of processing your application and is governed, authorized and protected by the Freedom of Information and Protection of Privacy Act (FOIP). By providing this information, you consent to its use for the above purposes. If you have any questions with respect to the collection or release of this information, please contact the Town of Olds FOIP Coordinator at (403) 556-6981.

**Permit Validation Section:**

Special Conditions: \_\_\_\_\_

General Conditions: \_\_\_\_\_

This Permit expires if the construction to which it applies:

- Is not commenced within 90 days from the date of issue of the permit,
- Is suspended or abandoned for a period of 120 days, or
- Is in respect of a seasonal use residence and the construction is suspended or abandoned for a period of 240 days after the construction is started.

**DAN RAUSCH** \_\_\_\_\_

AB New Home Warranty   
(If applicable)

**Email: drausch@olds.ca**  
**Phone: 403-507-4809**

Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
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# OWNER AUTHORIZATION

PLEASE PRINT

DP # \_\_\_\_\_

Property Address:

Lot

Block

Plan

I hereby certify I am the Registered Owner or Agent authorized to act on behalf of the registered owner(s) of the above stated property.

\_\_\_\_\_  
Name of  Registered Owner /  Agent

\_\_\_\_\_  
Signature of  Registered Owner /  Agent

\_\_\_\_\_  
Date

**IF ABOVE SECTION IS NOT SIGNED BY A REGISTERED OWNER, THE SECTION BELOW MUST BE COMPLETED:**

I/we authorize the above named Agent to act on our behalf in submission of this Application.

\_\_\_\_\_  
Name of Registered Owner

\_\_\_\_\_  
Name of Registered Owner

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please Note:**

- A registered owner is required to sign.
- Form must be submitted with original signatures.
- If Registered Owner or Agent is a corporation, signed documentation showing names of those who have signing authority for the corporation must also be submitted.

*The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca*

**Please ensure your application is complete before submitting.**