



# TOWN OF OKOTOKS DEMOLITION PERMIT APPLICATION

APPLICATION NUMBER: APPLICATION DATE: Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-938-8916 • [safetycodes@okotoks.ca](mailto:safetycodes@okotoks.ca)

## 1. PROJECT LOCATION

MUNICIPAL ADDRESS	Street Number	Street Name	City/Town	Province
	<input type="text"/>	<input type="text"/>	OKOTOKS	AB
LEGAL DESCRIPTION	Lot	Block	Plan	Zoning
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. APPLICANT

NAME	Last Name/Company	First Name			
	<input type="text"/>	<input type="text"/>			
MAILING ADDRESS	Street Number	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBER(S)	Contact Number (Office)	Fax Number	Email Address		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

## 3. CONTRACTOR *An Application has been made on your behalf at the Town of Okotoks by the Applicant*

DEMOLITION CONTRACTOR NAME	Last Name/Company	First Name			
	<input type="text"/>	<input type="text"/>			
MAILING ADDRESS	Street Number	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS	Contact Number (Office)	Fax Number	Email Address		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**A CERTIFICATE OF INSURANCE must be submitted by the mover and submitted to the Town of Okotoks if moving a building or structure off the above described property.**

Demolition Area:  M<sup>2</sup> Value of Demolition: \$  Completion Date: 

### UTILITY DISCONNECT FOR DEMOLITION (Signature of Approving Authority or attach disconnect form)

- FORTIS ELECTRICAL Ph: 403-777-7777 Signature of Approving Authority:
- TELUS Ph: 780-310-2255 Signature of Approving Authority:
- ATCO GAS Ph: 403-938-4206 Signature of Approving Authority:
- EPCOR WATER/SEWER Ph: 403-938-1230 Signature of Approving Authority:

Disposal Site (Landfill Name):  Town/City:  Phone: 

This information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for purposes relating to the administration of the Safety Codes program. Should you have any questions or concerns about the collection of information please contact the FOIP Coordinator at [foip@okotoks.ca](mailto:foip@okotoks.ca) or 403-938-8944.

## 4. APPLICANT'S SIGNATURE ☐ Property Owner ☐ Authorized Agent (Authorization Letter Required)

Printed Name	Last Name	First Name	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Signature	Signature	Contact Number	Extension
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Email Address	<input type="text"/>	