



Address	Date
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Scope of Demolition (please check (✓) yes or no)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the building exceed 3 storeys in building height or 600 m ² (6460 ft ²) in building area?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the building structure contain pre-tensioned or post-tensioned members?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the demolition extend to area below the level of the footings or an immediately adjacent building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are explosives or laser being used in the demolition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will any occupants/tenants remain in any building on the site during demolition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will any demolished materials remain on this site?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the building designated or undergoing designation under the <i>Heritage Act</i> , in a heritage conservation district, or listed on the municipal Heritage register?

Building Services Disconnection Approvals (to be completed by Utilities)

Enbridge Gas Distribution 500 Consumers Road, North York, ON M2J 1P8	Telephone No. 1.877.362.7434 (speak to customer service representative) Facsimile No. 416.495.3928
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Name	Signature	Date
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Veridian Corporation 55 Taunton Road, Ajax, ON L1T 3V3	Telephone No. 905.427.9870 Facsimile No. 905.427.8430
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Name	Signature	Date
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Bell Canada, Engineering Department 15 Victoria Street, 2 nd Floor, Oshawa, ON L1H 8W9	Telephone No. 905.433.3369 Facsimile No. 905.433.0544
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Name	Signature	Date
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Region of Durham, Demolition Permits 825 Conlin Road, Whitby, ON L1R 3K3	Telephone No. 905.655.3344 Facsimile No. 905.655.4067
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Name	Signature	Date
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Declaration of Applicant

I _____ certify that:

Print Name

- 1) The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.
- 2) If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership

Date _____

Signature of Applicant _____

Office Use Only

Application No.	Reference Permit No.	Heritage Register <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signature