



DEMOLITION MATERIAL RECYCLING AND DISPOSAL REPORT

Address:	Date:
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The District of West Vancouver requires all demolition debris, including Hazardous Materials and Recyclable Materials, be disposed of in accordance with municipal, regional and provincial recycling regulations and standards at a Metro Vancouver licensed Recycling Facility and/or Disposal Facility. *Information regarding licensed facilities on reverse of form.*

Demolition Information: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____ Number of storeys to be demolished (excluding basement) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Total area of building to be demolished _____ <input type="checkbox"/> ft2 <input type="checkbox"/> m2 Building construction type <input type="checkbox"/> Concrete <input type="checkbox"/> Wood frame <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ Foundation type <input type="checkbox"/> Slab on grade <input type="checkbox"/> Crawlspace <input type="checkbox"/> Walkout <input type="checkbox"/> Full basement	Office Use: Licenced facilities? Yes <input type="checkbox"/> No <input type="checkbox"/> Official receipts? Yes <input type="checkbox"/> No <input type="checkbox"/> Follow-up required? Yes <input type="checkbox"/> No <input type="checkbox"/> BP# _____
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Disposal Information: Receipts are attached (*required*) Yes

Fill out all fields. If material wasn't collected, use N/A and provide an explanation.

Material	Quantity	Licensed Facility Name or Explanation
Recycled/Reused		
Wood/Plywood/OSB	_____ kg	_____
Cement/Concrete	_____ kg	_____
Metals/Wires	_____ kg	_____
Gypsum (No Asbestos)	_____ kg	_____
Windows	_____ kg	_____
Trees/Brush	_____ kg	_____
Other _____	_____ kg	_____
Hazardous		
Gypsum (Asbestos)	_____ kg	_____
Other _____	_____ kg	_____
Landfill		
Garbage	_____ kg	_____

Demolition Contractor:		Business License #:
Address:		Postal:
Phone:	Cell:	E-mail:

Property Owner(s):		
Address:		Postal:
Phone:	Cell:	E-mail:

I, _____, do solemnly declare that:

- I am the applicant named on West Vancouver Demolition Permit Number _____;
- I have knowledge of the particulars described above; and
- the information that I have provided on this form is accurate.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act and that it will be relied upon by the District of West Vancouver.

Signature: _____ Date: _____

DECLARED before me at _____ in the
 Province of British Columbia on the _____ day of _____, 201
 Commissioner for Taking Affidavits _____

Freedom of Information and Protection of Privacy Act: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and the Community Charter and will be used for the purpose of processing your permit application. If you have any questions about the collection, use or disclosure of this information, please call the Legislative Services Department at 604-921-3497.

