

| DEMOLITION | DEDMIT / |  |  |
|------------|----------|--|--|
|            |          |  |  |

| Address:  | Application Date:  |  |  |  |
|---|--|--|--|--|
| Type of structure(s) to be demolished         House         Multi Family – number of dwelling units to be demolished         Pool         Retaining Wall  | Office Use:<br>Folder: BP<br>Separate Demo: Yes D No D<br>Zoning:<br>LUC/DVP/DP/EDP: |  |  |  |
| Garage/Carport  | Received by:   |  |  |  |
| Description of Work: OK to accept Application   |  |  |  |  |
| Is this property on the Municipal Heritage Register? INO I       Initial/name         Is the property within 15 m of the top bank of a Creek or Watercourse? Yes INO I       EPO:   |  |  |  |  |
| Applicant (check one): <ul> <li>Owner</li> <li>Architect</li> <li>Demolition Contractor enter Business Licence #</li> <li>Agent</li> </ul> Applicant other than owner must submit a Registered Owner's Authorization Letter <li>Please note that only the "applicant" can submit the Demolition Material Recycling and Disposal Report (Statutory Declaration)</li>   |  |  |  |  |
| Property Owner(s):  |  |  |  |  |
| Address:  | Postal:  |  |  |  |
| Phone: Cell: E-mail:  |  |  |  |  |
| Demolition Contractor:  |  |  |  |  |
| Address:  | Postal:  |  |  |  |
| Phone: Cell: E-mail:  |  |  |  |  |
| Project Site Contact Name:  | Cell:  |  |  |  |
| Phone: E-mail:  |  |  |  |  |
| Inspection Notices will be sent via email. Enter email if different to above:   |  |  |  |  |
| Initial ACKNOWLEDGEMENT   |  |  |  |  |
| I agree to backfill and make site level in accordance with "Natural Grades" of the site within 15 days of demolition of the structure or removal of concrete footings & foundations         I agree to install and maintain the Erosion and Sediment Control measures   |  |  |  |  |
| I agree to provide a statutory declaration regarding disposal of recyclable and hazardous demolition materials         I agree NOT TO EXCAVATE footings & foundations for new building unless a permit for new building has been issued         I understand and agree that in the event I fail to back fill or install the Erosion and Sediment Control measures, the District may backfill the site and install the Erosion & Sediment Control measures.         I hereby authorize the District to use the Performance Security and levy my property taxes for any additional funds required to do the works to backfill & install the Erosion & Sediment Control measures in the event I fail to carry out the works. |  |  |  |  |
| DOCUMENTS ENCLOSED – REQUIRED FOR DEMOLITION PERMITS ISSUED SEPARATELY  |  |  |  |  |
| 2 copies of land title search which is not more than 30 days old c/w all encumbrances registered on the title       Yes       No         2 Sealed and Signed Topographical Surveys       Yes       No         2 copies of Erosion and Sediment Control Plans for during and after demolition, include Confirmation of<br>Commitment Letter       Yes       No   |  |  |  |  |
| Scope of Work signed by both owner & demolition contractor  |  |  |  |  |
| Full Demolition Permit Fee + \$25,000 Damage Deposit I hereby make an application for a Building Permit in accordance with the information stated above and declare that the information provided is complete. In consideration of the granting   |  |  |  |  |

of the permission applied for, I/we hereby agree to indemnify and keep harmless the District of West Vancouver against all claims, liabilities, judgments, costs and expenses of whatsoever kind, which may in any way accrue against the said District in consequence of, and incidental to, the granting of this permit, and I/we agree to pay the cost of repairing any damage to the sidewalk and/or curb by reason of the building operations in respect of which this permit is applied for, and I/we further agree to conform to all requirements of the building by-law and all other statutes and bylaws in force in the District of West Vancouver, and I/we further acknowledge that the District accepts no responsibility for the accuracy of the information contained herein. I understand that payment of fees or acceptance of application does not guarantee that a permit will be issued.

| Applicant (Print Name): |       |         |  |  |  |
|-------------------------|-------|---------|--|--|--|
| Phone:                  | Cell: | E-mail: |  |  |  |
| Signature:              |       |         |  |  |  |

THE PERMIT APPLICATION FEE IS NON-REFUNDABLE. THIS APPLICATION IS VOID IF A PERMIT IS NOT OBTAINED WITHIN 6 MONTHS OF THE DATE OF APPLICATION. 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.