

TOWN OF OROMOCTO

DEMOLITION CLEARANCE APPLICATION

A. GENERAL INFORMATION

- i. Any person applying for a Permit to Demolish a Building or Structure must first complete the following application and obtain the signature of the applicable agency representative or supporting documentation.
- ii. This form will indicate the authority groups concerned have been notified and approve of the agreements made to disconnect, cap services and provide reports under the NB Regulation 92-106.

III. Provide documentation, if available, from		·	ovided	to the p	property	<u>/· </u>	
B. LOCATION OF BUILDING/STRUCUTRE TO	O BE DEMOLISHED (At	tach Copy of Site Plan)					
Civic Address:							
C. DATE OF PROPOSED DEMOLITION		D. SIZE OF BUILDING					
Date:		Building Area: n	1 ²	Number of Storeys:			
E. OWNER(S) OF THE PROPERTY		F. CONTRACTOR INFORMATION Same as owner					
PID:		Company Name:					
Name:		Address:					
Address:	Town/City:						
Town/City:	Province:						
Province:		Postal Code:					
Postal Code:		Telephone:					
Telephone:		Email:					
G. UNDERGROUND INFRASTRUCTRE CONT	TACTS INFORMATION-	Ensure all of the following au	thorities	have b	een cor	ntacted	
Authority/Approval		Contact	YES	NO	N/A	Date	
Contractors verification of sanitary/sewer/water services are capped		Demolition Contractor					
Wells located on the property		Property Owner					
NB Power Representative		(1-800-663-6372)					
Enbridge Gas Representative		(1-800-994-2762)					
Bell Aliant Representative		(1-844-224-8344)					
Rogers Communications Representative		(1-866-344-5463)					
Property Owner(s): Inspection & Determination of Asbestos		Property Owner					
Report and Removal (Pre 1980 construction)							
H. DECLARATION OF APPLICANT							
I am aware of the requirements of the Towr acknowledge that I have ensure the listed go listed groups in Section G, where necessary, specified above. By submitting a completed building or premises at all reasonable times	roups in Section G, ack for the disconnection application, the owne	nowledge that satisfactory ar and capping of services for th r grants permission to the bui	rangem e demo lding ins	ents ha dition o spector	ve beer on the pi to ente	n made with the roposed date	
Signature of Applicant:			Date:				
L OFFICE LISE ONLY.							
I. OFFICE USE ONLY:			A 1:		и.		
Fees:	Received by:			Application #:			