



Medicine Hat
The Gas City

Planning & Development Services

580 First Street SE
Medicine Hat, Alberta T1A 8E6
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pbe@medicinehat.ca
www.medicinehat.ca

DEMOLITION PERMIT APPLICATION

APPLICANT INFORMATION (to be completed by the applicant, please print)

Applicant Name:		Date:
Address:		Postal Code:
Phone:	Fax:	Email:
Applicant's Signature:		

PROJECT INFORMATION

Project Municipal Address:			
Lot:	Block:	Plan:	Demolition Date (Req'd)::
Type of Structure:			Building Area: Sq. Ft

PERMIT INFORMATION

 RESIDENTIAL

 COMMERCIAL

- In buildings to be renovated or demolished, materials having the potential for releasing asbestos fibres shall be removed prior to renovation or demolition. Asbestos abatement requirements are located in the Occupation Health and Safety (OHS) Code administered by Workplace Health and Safety (Alberta Employment and Immigration). Occupation Health and Safety legislation requires anyone beginning an asbestos project to notify Workplace Health and Safety at least 72 hours before work starts.
- It is the responsibility of the owner/contractor to have all utilities disconnected prior to demolition of a building.
- A Fire Safety Plan is required and must be posted on site – Contact Fire Marshal at 403-529-8282.
- Construction debris shall be dumped in an approved landfill.
- Provisions shall be made at all times for the safe passage of pedestrians and vehicular traffic past the site.
- If the stability of adjoining building may be endangered by the work of the excavating, adequate shoring or bracing shall be provided.
- Excavation shall be kept reasonably clear of water. The sides of excavations shall be adequately sloped (1:1 min).

HAZARDOUS MATERIAL DECLARATION– to be completed by Land Owner

Division C – 2.2.13.1. Notification Before Starting

(6) The *owner* proposing to alter or demolish a *building* shall notify in writing the *authority having jurisdiction* that the plans and specifications describing the asbestos management and abatement work have been submitted to Occupational Health and Safety for compliance with the Occupational Health and Safety Act and its Regulations and that the work has been completed.

I hereby give assurance that the plans and specification for the removal of hazardous material has been submitted to Occupational Health and Safety for review and all abatement work has been completed and all waste material has been disposed of in an approved landfill site.

OR

I hereby give assurance that onsite testing has been performed and confirmed there are no materials having the potential for releasing asbestos fibres in the project area to be renovated or demolished.

Print Name:	Signature:	Phone:
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CONTACT INFORMATION (to be completed by the applicant, please print)

Land Owner Name (Print):		Phone:	Cell:
Address:		PC:	Email:
Owner's Signature (Required):			
Demolition Contractor:		Phone:	Cell:
Address:		PC:	Email:

The personal information on this form is being collected for the purpose of this Permit Application under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, and is protected by the Act. If you have any questions about the information being collected, contact the City of Medicine Hat FOIP Head 403-529-8234.