



Medicine Hat
The Gas City

Planning & Development Services

580 First Street SE
Medicine Hat, Alberta T1A 8E6
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DEMOLITION PERMIT APPLICATION

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

Applicants Name:

Address:

Postal Code:

Phone:

Cell:

Fax:

E-mail:

Applicants Signature:

Signature: _____ Date: _____

PROJECT INFORMATION

Project Municipal Address:

Lot:

Block:

Plan:

PERMIT INFORMATION

RESIDENTIAL

COMMERCIAL

Type of Structure:

Building Area:

(SqFt)

Demolition Date(req'd) :

- 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.
- 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 MATERIALS – to be completed by approved testing agency (not required for removal of Manufactured Buildings/Homes)

Testing Agency/Firm:

Testing Date:

Address:

Postal Code:

I hereby give assurance that all materials having the potential for releasing asbestos fibres have been removed from the project area to be renovated or demolished. I confirm that waste materials have been disposed of in an approved landfill site.

OR

I hereby give assurance that onsite testing has 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:

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

Land Owners Name (Print):

Phone:

Cell:

Address:

P.Code:

E-mail:

Owners Signature (required):

Date:

Demolition Contractor:

Phone:

Cell:

Address:

P.Code:

E-mail:

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.