

## **Planning & Development Services**

City of Medicine Hat 580 – 1 Street SE Medicine Hat, AB T1A 8E6 Phone: 403.529.8374 pbe@medicinehat.ca

| Demolition Permit Check List Residential and Commercial Buildings |  |  |
|---|--|--|
| Project Name:   |  |  |
| <b>Project Address:</b>   |  |  |
| Applicant:  |  |  |
| Applicant Address:  |  |  |

|     | The following items are required for plan review:  | YES | N/A |
|-----|--|-----|-----|
| 1.0 | Legible site plans – digital or hard copy drawn to scale and dimensioned   |     |     |
| 1.1 | Showing property lines and dimensions.   |     |     |
| 1.2 | Showing all existing buildings and distances to property lines.  |     |     |
|     | Identify work area and site access of heavy equipment.   |     |     |
| 1.3 | Where the access to the site will be from a street, please contact Municipal Works at 403-529-8177 regarding sidewalk/street closures.                 |     |     |
| 1.4 | When demolition activity may constitute a hazard to the public, the following must be met if the demolition cannot be completed in one day:            |     |     |
|     | a) the site shall be protected by a construction fence at least 1.8m high, and   |     |     |
|     | b) If the building is located closer than 2.0m from a sidewalk, a covered walkway shall  |     |     |
|     | be provided.   |     |     |
| 2.0 | Additional documents and requirements  |     |     |
| 2.1 | Ensure to obtain an approved Fire Safety Plan on site and have available when requested. For more information contact the Fire Marshal @ 403-529-8282. |     |     |
| 2.2 | Ensure all hazardous materials are removed prior to start of demolition.   |     |     |
| 2.3 | The Owner shall ensure all City utilities have been contacted and each affected utility has  |     |     |
|     | provided written direction on their utility's specific requirements (disconnect, removal,  |     |     |
|     | etc.) <b>prior</b> to any work commencing.   |     |     |
|     | Electric: Ph. (403) 529-8262 or elecdist@medicinehat.ca  |     |     |
|     | Gas: Ph. (403) 529-8190 or gascustomerservice@medicinehat.ca   |     |     |
|     | EU: Ph. (403) 529-8176 or <u>eu@medicinehat.ca</u>   |     |     |

Checklist must be completed by applicant prior to submittal.

Minor changes or notes on submitted plans may be in blue or black ink.

RED INK IS RESERVED FOR DEPARTMENT.

NOTE: Any missing or incorrect information will delay the permit issuance.