

COUNTY OF ST. PAUL NO. 19 **Building Demolition Permit** – Application 2016-1

5015 – 49 Avenue, St. Paul, AB ToA 3A4

Phone 780-645-3301

Fax 780-645-3104

Permit Type: Homeowner
 Contractor

Estimated Start Date (M/D/Y) _____

Estimated Completion Date (M/D/Y) _____

Application Date (M/D/Y) _____

When your permit is ready do you want us to: call you for pick up mail it fax email

Owner Name: _____ Mailing Address: _____ _____	Contractor Name: _____ Mailing Address: _____ _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email _____	Email _____

Legal: NE NW SE SW Section _____ Township _____ Range _____ W4 Subdivision _____

Lot _____ Block _____ Plan _____ Rural Address: _____

Project Information Type of Work Roll #: _____

Commercial # of buildings: _____

Residential

Industrial Estimated Construction Value (value lost) \$ _____

Institutional

Oil & Gas Form of Demolition (ex. heavy equipment, by hand, etc): _____

Building Area _____ Sq. Meters Sq. feet No of Stories _____

Description of Structure or Building to be Demolished: _____

Site Cleanliness:

Type of garbage container or method of garbage removal that will be implemented:

Dumpster or Roll-off Bin Perimeter fencing

Daily removal by applicant Environmental bag

Daily removal by contractor Alternative, Please Specify: _____

Will the method of garbage control be for more than one construction site (lot)?
 Yes No If Yes, how many sites (lots)? _____

At which site address will the garbage container be located? _____

Method of storage/disposal of any hazardous materials (if any): _____

Method of storm water control if required: _____

If a gravel pad or driveway is not required, please explain why: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit owner/contractor acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Permit Applicant Name (print)

Permit Applicant Signature

Homeowner Signature (homeowner permits only)



**EVERGREEN REGIONAL WASTE
MANAGEMENT SERVICES COMMISSION**

Box 3 Lafond, Alberta T0A 2G0

Phone 780-646-6125 Email evergreenlandfill@mcsnet.ca

CERTIFICATE

I, _____, hereby certify that I have examined the materials I am disposing of on this date, and that they do not contain any **Hazardous Waste** or **Hazardous Substances**, as defined by the Waste Control Regulation (AR 192/96), or any **Asbestos**.

I hereby **indemnify and save harmless** the Evergreen Regional Waste Management Commission as against any damages, expenses, or costs, including legal costs on a solicitor and his own client basis, which may result from any disposal of waste which is contrary to the above.

Dated: _____, 20_____

Signature: _____

Name (Printed): _____

Address of Demolition _____