

**DEMOLITION PERMIT  
ADDENDUM**



**\*\*This form must be completed and returned to the City of North Battleford a minimum of two business days prior to demolition\*\***

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_ Type of Demolition: \_\_\_\_\_

Address of Demolition Site: \_\_\_\_\_

Contractor Contact Information: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**CHECKLIST FOR APPLICANT**

An Applicant Must Complete the Following Prior to Demolition:

- Make arrangements at the Waste Management Facility: including those for hazardous wastes; paying WMF fees and setting up an account (if required) - contact Environmental Dept-306-445-1738 or 445-1787
- If disposal will be taken anywhere other than North Battleford WMF please indicate where \_\_\_\_\_
  - PCB contained in ballasts are not accepted
  - Mercury is not accepted
- Verification of no asbestos, particularly in buildings constructed prior to 1990 (include test)
- Acquire Temporary Street Use Permit – contact City Hall - 306-445-1700
- Arrange Site Security
- Arrange Signage
- Prepare Documentation and Photos of City Infrastructure prior to demolition
- Termination of Supply of City Utilities to Property (water meter removed)
- Termination of Supply of City Utilities to Property (water and sewer to be killed at the main)

**NOTE:** It is the responsibility of the applicant and/or contractor to make arrangements for termination of other utilities (**ex. SaskPower, SaskEnergy, SaskTel**) that access the property PRIOR to start of demolition.

- Provide Information about Demolition to the Following Affected Parties

\_\_\_ Fire Department - 445-1770

\_\_\_ RCMP - 446-1720

\_\_\_ Municipal Enforcement - 445-1775

\_\_\_ Waste Management Facility – 441-2416

\_\_\_ City Environmental Manager - 445-1738

\_\_\_ City Health and Safety - 445-1767

\_\_\_ Public Transit/Handi bus Service - 445-7797

\_\_\_ City Operations & Water Works – 445-1724

**NOTE:** It is the responsibility of the applicant and/or contractor to advise any other affected party of the demolition PRIOR to start of demolition.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

City Signature: \_\_\_\_\_

Date: \_\_\_\_\_