



DISTRICT OF PARRY SOUND

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OFFICE OF THE CLERK ADMINISTRATOR

APPLICATION FOR DEMOLITION PERMIT

APPLICANT NAME: _____ PHONE NO: _____

APPLICANT ADDRESS: _____

OWNER NAME: _____ PHONE NO: _____

OWNER ADDRESS: _____

CIVIC ADDRESS: _____

CONTRACTOR NAME: _____ PHONE NO: _____

CONTRACTOR ADDRESS: _____

ROLL NO: _____ LOT: _____ CON: _____ PLAN: _____

DEMOLISH ENTIRE STRUCTURE _____ SIZE: WIDTH _____ LENGTH _____ HEIGHT _____

DEMOLISH PARTIAL STRUCTURE _____ SIZE: WIDTH _____ LENGTH _____ HEIGHT _____

REMOVE ENTIRE STRUCTURE _____ SIZE: WIDTH _____ LENGTH _____ HEIGHT _____

RESIDENCE _____ AGRICULTURAL BLD _____ GARAGE _____ SHED _____ MOBILE HOME _____

OTHER, PLEASE SPECIFY: _____

EFFECTIVE DATE OF DEMOLITION/REMOVAL: _____

DATE ISSUED: _____ PERMIT ISSUED BY: _____

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE
