



10511 – 103 Street
 High Level, AB
 T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899
 development@highlevel.ca

Demolition Development Permit Application

OFFICIAL USE ONLY

Development Permit #	Roll Number	Non-Refundable Fee	Date Received	Receipt Number
		\$		

Applicant Information

Applicant Name	Registered Land Owner Name
Applicant Mailing Address	Registered Land Owner Mailing Address
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:
Applicant Phone	Registered Land Owner Phone Number
Applicant Email	Registered Land Owner Email Address

Land Information

Urban Legal Address						
Plan		Block		Lot		
Rural Legal Address	Quarter	Section	Township	Range	Meridian	
	<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE					
Civic Address						
Current Land Use Zoning						
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> IND <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> CU <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> RES <input type="checkbox"/> DC						



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Proposed Land Use Zoning
<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> IND <input type="checkbox"/> C-1 <input type="checkbox"/> C-3 <input type="checkbox"/> CU <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> RES <input type="checkbox"/> DC <input type="checkbox"/> N/A

Contractor Information

Contractor Name	Business License #
Contractor Mailing Address	
Address: City/Town: Province: Postal Code:	
Contractor Phone	Contractor Email
Site Contact	

Asbestos

To be signed by the owner of the building or their agent.

I, _____ declare that all the asbestos in the building to be demolished has been removed in accordance with regulations made pursuant to the Occupational Health and Safety Act.

Utilities – Signatures Required for All Utilities

Utility Contact	Signature
ATCO Electric & Gas High Level George: 780-841-5745 georgefehr@atco.com	
AltaGas Utilities High Level Larry: 780-841-1174 lwarman@agutl.com	
Telus Communications High Level Al: 780-926-887 al@redrabbitcomm.ca	
Director of Operations Town of High Level Keith: 780-841-1236 kstraub@highlevel.ca	
Utility#5 Contact Here	



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Utility#6 Contact Here	
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Application Checklist

<input type="checkbox"/>	Completed this Application Form	<input type="checkbox"/>	Copy of Certificate of Title – if requested
<input type="checkbox"/>	Application Fee Paid	<input type="checkbox"/>	Completed Site Plan with Dimensions
<input type="checkbox"/>	Registered Land Owner has signed this form, if the Applicant is not the Land Owner	<input type="checkbox"/>	Route Map Provided – Demolition Debris Transportation for Disposal

Applicant Declaration

I/We declare that the information given on this form and any attachments is a true statement of the facts concerning this development. I/We agree to comply with the Safety Codes Act, all applicable codes, regulations and bylaws. I/We hereby give consent to allow Town authorized person(s) the right to enter the above lot and/or buildings with respect to this permit application only.

Personal information on this form is collected in accordance with Section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the issuance of development permits, Land Use Bylaw enforcement and property assessment purposes. The name of the permit holder, and the nature of the permit are available to the public upon request. If you have any questions about the collection, use or disclosure of this information, please contact the Municipal Clerk at 780-821-4008

Signature of Applicant		Date	
Signature of Registered Land Owner		Date	
OFFICIAL USE ONLY			
Building Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Approved subject to permit conditions	<input type="checkbox"/> Refused for the following reason(s)		
Date of Decision	Date of Public Notice	Signature of Development Authority	
Date Permit Valid	Date Permit Expires		
IF APPLICABLE			
Corresponding Building Permit #	Safety Codes Officer Name	Safety Codes Officer Designation #	
Safety Codes Officer Signature		Date	




TOWN OF

HIGH LEVEL

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Site Plan

	 NORTH
	Setbacks from Lot Lines
	Front Yard <input type="checkbox"/> ft. <input type="checkbox"/> m <hr/>
	Rear Yard <input type="checkbox"/> ft. <input type="checkbox"/> m <hr/>
	Side Yard (1) <input type="checkbox"/> ft. <input type="checkbox"/> m <hr/>
Side Yard (2) <input type="checkbox"/> ft. <input type="checkbox"/> m <hr/>	

If applicable, please include the following information in your drawing:

- Buildings to be demolished
- Buildings to remain
- Where Demolition Equipment will enter/exit the site
- Proposed route for transporting demolition debris for disposal