Form "B"

Building Demolition Application

R.M. of Lumsden No. 189



Applicant Information: Company Name (if applicable): Applicant Name: Home Phone: Cell Phone: Fax Number: E-mail address: Mailing Address: City/Town: Province/Territory: Postal Code: **Property Owner Information:** Contact Person: Property Owner Name: Home Phone: Cell Phone: Fax Number: E-mail address: Mailing Address: City/Town: Province/Territory: Postal Code: **Contractor Information:** Contractor Company Name: Contact Person: Home Phone: Cell Phone: Fax Number: E-mail address: Mailing Address: City/Town: Province/Territory: Postal Code: **Project Information:** Quarter: _____ Section: _____ Township: _____ Range: _____ Meridian/Extension: _____ Lot: ______ Block: _____ Plan: _____ Extension: _____ Disposal of Building Material: _____

Start Date: _____ Estimated Completion Date: ____

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· · · · · · · · · · · · · · · · · · ·	conscientiously believing	(City/Town) tatements within this application are true, and I g it to be true and knowing that it is of the same f The Canada Evidence Act.
***	e print)	, is appointed as the Agent in regards to this
he/she shall be provided info	rmation by the R.M. of Lu	or inquires shall be directed to him/her, and imsden No. 189 in regards to this application only. is/her best judgement in regards to this
	_	the authority of section 28(a) of <i>The Freedom of</i> sed solely for the purpose of demolition
		1. of Lumsden No. 189 from and against any o the development undertaken pursuant to this
Applicant Signature		Date
Property Owner Signo	ature	 Date
		Office Use Only:
		Permit No.: Date:

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