



PLANNING & ENGINEERING DEPARTMENT
 200-355 Yellowhead Highway
 Kamloops, B.C. V2H 1H1
 Phone #: (250) 828-9708 / Fax #: (250) 372-8833

DEMOLITION PERMIT /APPLICATION

IT IS REQUIRED OF THE APPLICANT TO CONFIRM WITH THE FOLLOWING AGENCIES THAT THEIR RESPECTIVE SERVICES ARE IN FACT DISCONNECTED AND RENDERED SAFE.

I/WE (*print*) _____ BEING THE REGISTERED
 (*please circle one*) OWNER / AUTHORIZED REPRESENTATIVE

APPLICANT'S SIGNATURE: _____

REPRESENTATIVE OF THE REGISTERED OWNER, HEREBY MAKE THE APPLICATION FOR A PERMIT, FOR THE PURPOSE OF DEMOLISHING THE STRUCTURE LOCATED AT;

LOCATION OF DEMOLITION: _____, KAMLOOPS, B.C.

LOT/S: _____ BLOCK: _____ PLAN: _____, CLSR / RSBC

DEMOLITION COMPANY: _____

PHONE: _____ CELL: _____

FAX: _____ EMAIL: _____

*Please return application once ALL required agencies have endorsed with legible signatures.
 When properly validated by KIB Planning & Engineering Department,
 this will become the Demolition Permit*

1. BC HYDRO /POWER AUTHORITY	SIGNATURE: _____ DATE: _____ PRINT: _____	SIGNATURE: _____ DATE: _____ PRINT: _____
2. BC GAS INC.	SIGNATURE: _____ DATE: _____ PRINT: _____	SIGNATURE: _____ DATE: _____ PRINT: _____
3. TELEPHONE Co.	SIGNATURE: _____ DATE: _____ PRINT: _____	SIGNATURE: _____ DATE: _____ PRINT: _____

THE ABOVE APPLICANT IS PERMITTED TO CARRY OUT THE DEMOLITION WORK DESCRIBED HEREIN ON OR BEFORE THE _____ DAY OF _____ 20(), AND IS RESPONSIBLE FOR ANY DAMAGE INCURRED TO THE KAMLOOPS INDIAN BAND WORKS AND RIGHTS OF WAY, OR ANY OTHER PERSON/S OR PROPERTY DAMAGE, DURING THE DEMOLITION PROCESS.

NOTE: THE PERMIT IS SUBJECT TO REVOCATION

PERMIT FEE: _____

 AUTHORIZATION/PLANNING & ENGINEERING DEPT.

 DATE ISSUED

THIS PERMIT ONLY VALID 60 DAYS FROM DATE OF ISSUED