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For Office Use Only						
File #:		Zone:				
Permit #:		Permit Fee:	☐ Deposit: \$500			
PID #:		Received:				
		•				

Email: planning@chariottetown.ca website: www.chariottetown.ca							
Moving & Demolition Permit Application							
1. Type of Wo)RK						
☐ Move/Relocate Building			☐ Demolish Building				
2. CONTACT IN	FORMATIO	N					
Na	ne:			Addres	ss:		
APPLICANT/ CONTRACTOR Pho	ne:	Cell:					
Em	ail:			Postal	Code:		
Na	ne:			Addres	ss:		
PROPERTY OWNER Pho	one:	Cell:					
Em	ail:			Postal	Code:		
3. Project Information							
Project Location	ı:						
		Corn	er Lot:		Yes: ☐ No: ☐		
4. DETAILED P	4. Detailed Project Description						
5. Moving Information							
Moving From	Address:		— Mov	ING TO	Address:		
			_				
Building Size	Length:	Width:			Height:		
EXPECTED MOVE	Time:	Date:					
6. Demolition	N INFORMAT	TION					
BUILDING SIZE	Length:	Width:			Height:		
DEBRIS LOCATION	Debris from Location:	-	oved site o	or pit as pe	er the <i>Environment Protection Act</i> and related regulations.		
EXPECTED DEMO	Time:	Date:					

7. DECLARATION & SIGNATURE

I DO SOLEMNLY DECLARE:

- 1) That I am the Authorized Agent of the Owner/the Owner named in the application for a permit hereto attached.
- 2) That the statements herein contained in the said application are true and made with full knowledge of the circumstances connected with the same.
- 3) That I know of no reason why the permit should not be granted to me in pursuance of the said application, and making this declaration conscientiously believing it to be true.
- 4) I waive all rights or action against the City of Charlottetown and/or its officers, agents, or employees in respect of any damages which may be caused through the operation of any provision(s) in any of the said Bylaws or for the revoking of a permit for any cause or irregularity or nonconformity with the Bylaws or regulations adopted by the City of Charlottetown.
- 5) I assume responsibility for damage to sidewalks, curbs, gutters, etc. and will bear the cost of repair or replacement of the same to the complete satisfaction of the City of Charlottetown.

SIGNATURE OF APPLICANT:	DATE:			
Administration, send copy of Application to	☐ Fire Department ☐ Police Department ☐ Public Works ☐ Utility			