



Application for Demolition Permit

Planning and Development Services
15322 Buena Vista Ave., White Rock, B.C. V4B 1Y6
Phone: 604 541 2149 Fax: 604 541 2153
Website: www.whiterockcity.ca

Folder # _____

Access # _____

PROPERTY INFORMATION

Address of Demolition: _____ Roll Number: _____

Owner: _____

Agent: _____ Phone: _____

Email: _____

CONTRACTOR INFORMATION

Demolition Contractor: _____ Phone: _____

Business Licence #: _____

SECURITY DEPOSIT

Name of Person/Company who paid deposit: _____

Note: All returnable security deposits are issued to the name of the person or company whose name is on the original cheque when payment was made. (as above) It is the responsibility of this person(s) to request any potentially refundable deposits with the Engineering Department **AFTER** the passed Demolition Final.

TYPE OF DEMO

- Demolition SFD/Duplex
- Demolition Commercial/Multi Family Demolition
- Accessory Building
- Moving Building
- Underground Storage Tank Removal
- Pool Removal

I agree to conform to all requirements of The City of White Rock Bylaws

Owner(s)/Authorized Agent's Signature

Application Date