

# Cartwright-Roblin Municipality

BOX 9

CARTWRIGHT, MB. ROK OLO

Phone: 204-529-2363

Fax: 204-529-2288

## DEMOLITION PERMIT APPLICATION

I, \_\_\_\_\_ on \_\_\_\_\_ 20\_\_ hereby make application for permission, in accordance with the plans and other information submitted herewith, to:

**Demolish:** \_\_\_\_\_  
(describe work)

LEGAL DESCRIPTION: \_\_\_\_\_

Section/Lot	Township/Block	Range/Plan
Start Date: _____	Contractor: _____	
Owner: _____	Address: _____	
Address: _____	_____	
Phone: # _____	Phone #: _____	

And to comply with Cartwright-Roblin Municipality By-Law, Regulation being:

That the owner, or his agent, of a site from which a building or structure is to be removed or demolished within the limits of RM of Roblin shall:

- (a) Notify the electric and telephone and any other utility or cable service companies to shut off and/or remove their service;
- (b) Plug the sewer line with a stopper and mark the location of to the satisfaction of the Village Cartwright/RM of Roblin;
- (c) Remove the foundation, fill the excavation, level the ground, and place the site in a safe and sanitary condition to the satisfaction of the Village Cartwright/RM of Roblin;
- (d) Seal the well or water supply and mark the location of it to the satisfaction of the Village Cartwright/RM of Roblin.

Tax Roll # \_\_\_\_\_ Permit # \_\_\_\_\_

Permit Fee: Free of charge Copied to Applicant \_\_\_\_\_

### **Certification:**

I undertake to observe and perform the provisions of all Dominion or Provincial Statutes or regulations, municipal by-laws, regulations or orders and all specifications or instructions issued by the duly authorized officers of the Municipality or Planning District in respect of the work incidental to the subject matter of this application and to indemnify the Municipality against all losses, costs, charges or damages caused by or arising out of anything done pursuant to any permit issued under this application.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

C.A.O./Dev. Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg./ Plumbing Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Council : \_\_\_\_\_ Date: \_\_\_\_\_