



**CITY OF ESTEVAN
MOVING/DEMOLITION PERMIT APPLICATION/PERMIT**

For inquiries contact:
City of Estevan Land Development Services
Phone: 634-1819 Fax: 636-2199
Email: j.charron@estevan.ca

Return to:
City of Estevan
1102 Fourth Street
Estevan SK
S4A 0W7

Permit Number

CLASS OF WORK	<input type="checkbox"/> DEMOLITION <input type="checkbox"/> MOVE OUT OF CITY <input type="checkbox"/> MOVE INTO CITY <input type="checkbox"/> MOVE WITHIN CITY
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PROJECT INFORMATION	Type of Structure	Zoning District	# of Storeys	Building Area (m ²)	# of Dwelling Units
	Current Address	Legal Description			
		Lot	Block	Plan	
	Proposed Address (if applicable)	Legal Description			
	Lot	Block	Plan		

OWNER	Contact Name		Company Name (if applicable)		
	Address	City	Province	Postal Code	
	Phone	Cellular	Fax	email	

MOVER OR CONTRACTOR	Contact Name		Company Name (if applicable)		
	Address	City	Province	Postal Code	
	Phone	Cellular	Fax	email	

All contractors and sub-contractors must possess a current Estevan Business License.

MOVE	Date of move:	Approximate time of move within City
	Proposed route: _____	

DEMOLITION	Water and sewer services <input type="checkbox"/> TERMINATE AT MAIN <input type="checkbox"/> DEFER TERMINATION AND SUBMIT DEPOSIT	SERVICE TERMINATION FURTHER REQUIRES THE APPLICANT TO CONTACT THE CITY OF ESTEVAN ENGINEERING SERVICES DIVISION FOR APPROVAL/PERMIT
	Location of waste/debris disposal: _____ Date of demolition: _____	Known hazardous substances: _____

THE OWNER AGREES TO ASSUME SOLE RESPONSIBILITY FOR ANY DAMAGE CAUSED TO ANY PUBLIC OR PRIVATE PROPERTY AS A RESULT OF THE MOVE/DEMOLITION OF THE ABOVE STRUCTURE.

Applicant Signature _____	Date _____
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PERMIT NOT VALID UNTIL SIGNED BY AUTHORITIES AND FEES ARE PAID			
<input type="checkbox"/> Project noted within has been approved by the City of Estevan Building Official, with the following conditions: _____ _____ _____		Fee Schedule Permit \$ _____ Performance Deposit \$ _____ S.A.M.A Fee \$ _____ Total \$ _____	
Date		City of Estevan Building Official	
Month	Day	Year	