



Application for a Removing Permit

<u>Owner</u>	Applicant/Owner/Company:		
	Address:	City:	Postal:
	Home Phone: ()	Cell Phone: ()	Email:

<u>Building Mover</u>	Building Mover Name & Company Name	
	Phone: ()	Mailing Address or Email Address:
	Date of Move:	Type of Building:

<u>Current Land Location</u>	Quarter	Section	Township	Range	Meridian
	OR				
	Lot	Block	Plan	Subdivision	

<u>New Land Location</u>	Quarter	Section	Township	Range	Meridian
	OR				
	Lot	Block	Plan	Subdivision	

<u>Building Size</u>	Length FT or M	Width FT or M	Height FT or M	Floor Area FT ² or M ²
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Route: _____

The site work (filling, final grading, landscaping, etc.) which will be done after removal of the building includes:



Submission Requirements	Confirmation of Current Taxes	The applicant must contact the Municipality and have them confirm that the property taxes are current.	<u>Taxes Confirmed</u> <input type="checkbox"/> Initials _____ Date _____
	Water and Sewer Disconnect	The applicant must take this application to the Utility Billing Department to arrange for the disconnection of all water and sewer lines	<u>Water & Sewer Disconnected</u> <input type="checkbox"/> Initials _____ Date _____
	Accounts Receivable	The applicant must contact municipality for confirmation all accounts assigned to this property are current.	<u>A/R Confirmed</u> <input type="checkbox"/> Initials _____ Date _____
	Fees	Please contact the RM office for the correct fee amount. <u>**Applications will not be reviewed until payment is received.</u>	<input type="checkbox"/> Moving Fees

I hereby agree to comply with the Building Bylaw of the local authority and to be responsible and pay for any damage done to any property as a result of the moving of the said building, and to deposit such sum as may be required by Section 9(3) of the Building Bylaw. I acknowledge that it is my responsibility to ensure compliance with any other applicable bylaws, acts and regulations, and to obtain all required permits and approvals prior to moving the building.

Date

Signature of Owner or Owner's Agent

<u>For Office Use Only:</u>	Application No: _____	
<u>Present Zoning:</u>		
<input type="checkbox"/> AR - Agriculture	<input type="checkbox"/> CR - Country Residential	<input type="checkbox"/> H - Hamlet
<input type="checkbox"/> C - Commercial	<input type="checkbox"/> R - Resort	<input type="checkbox"/> F- Forest
<u>Application status:</u>	Meets Bylaw Requirements	Does Not Meet Bylaw Requirements
Proposed Use:	<input type="checkbox"/>	<input type="checkbox"/>
Site Area:	<input type="checkbox"/>	<input type="checkbox"/>