

Demolition: Permit Acknowledgement

Property Information (All information is required)

Applican	t Name:			
Address:				
Town, P	rovince, I	Postal Code:		
Building Type:		□ residential	☐ industrial	□ commercial
Ackno	wledge	ment		
	•	•		mentioned building, I acknowledge that I am and I am aware of the following requirements:
	Hydro service will be disconnected to the satisfaction of the hydro authority. – contact 1-888-664-9376 or hydroone.com/request-a-service			
	Gas service will be disconnected to the satisfaction of the gas authority. – contact 1-855-228-4898 ext. 5111124			
n –	neter if ap contact admin@	oplicable) to the s Public Works and northmiddlesex.c	atisfaction of the ratisfaction of the rational latest the section of the rational latest and the section of the rational latest and the rational late	North Middlesex, (519-294-6244 or
S	Signature	e of Public Work	s:	Date:
	All work will proceed in accordance with Part 8 of the Ontario Fire Code. – contact the Fire Chief for North Middlesex, 519-294-6244 ext. 235 or gregv@northmiddlesex.on.ca			
	A Hazardous Substance Survey is required as per the Occupational Health and Safety Act. – contact Ministry of Labour, 1-800-202-0008			
	oroceedir en addre	•	ition of the subjec	t building, I will ensure that the above items, A-E
Signature of Applicant:				Date:

This application may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. The information will be used by the Municipality of North Middlesex to process the request and to ensure compliance with all applicable statues, regulations and by-laws. Direct questions regarding this collection to the Clerk's Office at 519-294-6244.

→ Please direct any questions and return this form to: Municipality of North Middlesex 229 Parkhill Main Street, Parkhill, ON, N0M 2K0 519-294-6244 or 1-888-793-9637 | building@middlesexcentre.ca