



Village of McBride

100 Robson Centre - 855 SW Frontage Road
PO Box 519, McBride, B.C. V0J 2E0
Phone: 250-569-2229

Demolition Permit

Civic Address:	Permit Number:
-----------------------	-----------------------

Legal Description:	District Lot:	Plan #:	Lot:	Block #:	Folio:	Date:

Owner(s)	Name:			Company:		
	Mailing Address:			City:		Postal Code:
	Contact Phone:			Fax:		
	Email:					
Should the property owner(s) elect to have an Agent act on their behalf in submission of this application, a signed letter of authorization is required.						

Applicant/Agent (if applicable)	Name:					
	Company:					
	Mailing Address:			City:		Postal Code:
	Contact Phone:			Fax:		
	Email:					
<input type="checkbox"/> Attached is a signed letter of authorization from the owner(s) allowing the Agent to act on their behalf in submission of this application.						

Contractor Used	<input type="checkbox"/>	Name:			Company:		
		Mailing Address:			City:		Postal Code:
		Contact Phone:			Fax:		
		Email:					

Type of Building: (Single Family Dwelling, Shop, etc.) _____

See reverse side for Building Bylaw Demolition Requirements.

"In consideration of the granting of this permit, I/we agree to release and indemnify the Village of McBride from and against all liability and expenses of whatever kind which I/we incur with respect to the granting or carrying out the requirements of this permit and, further, that I/we accept that the Village of McBride owes me/us no duty of care with respect to the implementation of the Village of McBride Building Bylaw or the British Columbia Building Code."

Signature of Owner or Authorized Agent: _____