

PO Box 1030 Unity, SK SOK 4L0 **306-228-2621** fax 306-228-4221 townofunity@sasktel.net

Application for a Permit to MOVE or DEMOLISH a Building

| Applicant Name: | | Phone # | |
|---|--|---|---------------------------------------|
| Applicant Mailing Address: | | | |
| Building address/ location | | | |
| LotBlo | ock | Plan | |
| Dimensions: length | width | height | |
| Type of Building: house | ☐ garage ☐ sh | ed 🗆 deck 🗀 | |
| DEMO PERMIT I hereby make application for a p | permit to demolish the | building described abo | ove |
| Beginning on | , 20 | . Completed by | , 20 |
| MOVE PERMIT I hereby make application for a p | permit to move the bui | lding described above, | to: |
| Street Address | | Town/City | У |
| Building Mover: | | | |
| Proposed Date of Move: | , 20 | | |
| The building will be moved over | the following route: | | |
| | | | |
| The site work (filling, final gradin | ng, landscaping, etc.) w | hich will be done after | the removal of the building includes: |
| | | | |
| | any property as a resu uired by Section 1.6.1 (nce with any other app | It of the demolition or d) of the said bylaw. I a licable bylaws, Acts an | |
| Signature of Owner or Agent | Prir | nt Name | , 20 Date |



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Demolition Deposit Reimbursement Form

| Application Date: |
|---|
| |
| Name of Applicant: |
| Mailing Address: |
| Phone #: Email: |
| Location of Property: |
| Legal Address: |
| Demolition of: \square house \square garage \square shed \square deck \square |
| Signature of Applicant |
| FOR OFFICE USE |
| Name of Inspector: |
| Date of Inspection: |
| Condition of Inspected property: |
| |
| |
| |
| Signature of Inspector |