



DEMOLITION/REMOVAL APPLICATION

I hereby make application under the provisions of the Land Use Bylaw for a DEMOLITION/REMOVAL PERMIT. The personal information on this form is collected for the purpose of processing your application. It may be disclosed in the event of an appeal about the demolition. Your name and the location of the demolition will be public information. It is collected under the authority of the *Municipal Government Act* and Bylaw No. 1044 of the Town of Carstairs. The application is protected by the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Development Office at (403) 337-3341.

Demolition Removal

Part One: Applicant Information

Applicant Name: _____ Telephone: _____
Address: _____ Cell Phone: _____
Email Address: _____ Fax: _____
Registered Owner
(if different from above): _____ Telephone: _____
Mailing Address: _____ Postal Code: _____

Part Two: Legal Description

Address of Demolition/Removal: _____
Legal Description: LOT: _____ BLOCK: _____ PLAN: _____
Existing Use: _____
Land Use District (Zoning): _____
Parcel Type: Interior ft²
 Corner Parcel Area: m² _____

Part Three: General Details

Description of Structure to be Demolished/Removed: _____
Removal to: Transfer Station Other: _____
Est. Cost/Contract Price: _____
Est. Start Date: _____ Completion on or before: _____
Contractor Name (if using): _____
Contractor Address: _____

Part Four: Alberta Building Code 1997 General Requirements for Demolitions:

Article 8.2.2.9: Services shall be shut off and gas and fuel lines shall be capped in a building being demolished.

Article 8.2.3.4: Portable fire extinguishers shall be installed and maintained in conformance with the requirements of NFPA 10'Standard for Portable Fire Extinguishers'. The minimum rating for this site is a 2A:10-B:C on the truck.

Article 8.2.72: Waste material shall be removed as quickly as possible from the site by means of an appropriate container.

Article 8.1.2.2: Where a building is undergoing demotion, precautions shall be taken to ensure that no person is exposed to undue risk. If basement is not in -filled excavation must be protected with a six foot chain link enclosure.

Part Five: Land Use after Demolition

Present Land Use District

- | | | | | |
|-----------------------------|------------------------------|------------------------------|-----------------------------|-------------------------------|
| <input type="checkbox"/> R1 | <input type="checkbox"/> R1S | <input type="checkbox"/> C1 | <input type="checkbox"/> I1 | |
| <input type="checkbox"/> R2 | <input type="checkbox"/> R1N | <input type="checkbox"/> C2 | <input type="checkbox"/> I2 | |
| <input type="checkbox"/> R3 | <input type="checkbox"/> R1M | <input type="checkbox"/> C3 | <input type="checkbox"/> BP | <input type="checkbox"/> P.FR |
| <input type="checkbox"/> R4 | <input type="checkbox"/> RMH | <input type="checkbox"/> C1A | <input type="checkbox"/> DC | <input type="checkbox"/> U.R. |

This parcel will remain a: _____

All land use changes will be completed under the direction of the Municipal Planning Commission.

I agree to carry out this demolition work in conformance to all the Town of Carstairs bylaws and the Alberta Building Code 2014. Permission to do this work shall not relieve owners or agents from full responsibility for carrying out the work in strict accordance with the Town of Carstairs bylaws, the Alberta Building Code 2014 and other conditions of this permit.

I hereby certify that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for development approval.

Signature of Registered Owner(s)

Signature of Person Acting on Behalf of Registered Owner(s)

Date

Date

A final inspection must be completed upon completion of the demolition. Please contact the Town office to arrange for an inspection.

Please Note: It is the responsibility of the owner or agent to ensure that all meters and services connected have been removed before demolition begins. Failure to do so could result in penalties being levied as per the Town of Carstairs Land Use Bylaw.

Please specify, in space provided the date and individual contacted for each agency.

Company	Date Contacted	Contact Person
SUPERNET	_____	_____
ATCO GAS #133. 001 20 Avenue Didsbury, AB T0M 0W0 Phone: (403) 335-3320	_____	_____
TOWN OF CARSTAIRS Box 370 Carstairs, AB T0M 0W0 Phone: (403) 337-3341	_____	_____
FORTIS 320 17 th Avenue SW Calgary, AB T2S 2V1 Phone: (403) 310-9473	_____	_____
SHAW CABLE Phone: (403) 340-6425	_____	_____
ADVANTAGE OIL/GAS	_____	_____
BELL WEST INC.	_____	_____
TELUS COMM Phone: (403) 310-3100	_____	_____
L.I.L. LTD.	_____	_____

FOR OFFICE USE ONLY

Date Received: _____

Fee Submitted: _____ Receipt Number: _____

Development Permit Application Number: _____ Date: _____

Office Use Only

Occupational Health and Safety

The information you provide on this form is collected under the authority of the *Occupational Health and Safety Act* and personal information is subject to the privacy provisions of the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions about the collection of this information, you may contact the Occupational Health and Safety Contact Centre at 1-866-415-8690, or in Edmonton at 780-415-8690.

Alberta Occupational Health and Safety legislation (OHS Code Part 4 Section 36) requires anyone beginning an asbestos project to notify Occupational Health and Safety at least 72 hours before workers may be exposed to airborne fibres.

To notify Occupational Health and Safety, complete this form and submit it via email to HS.OHSAsbestosNotification@gov.ab.ca. For answers to questions involving asbestos projects and notification requirements, please call the Occupational Health and Safety Contact Centre at 1-866-415-8690, or in Edmonton at 780-415-8690.

Please provide all information. If a section is "Not Applicable", provide an explanation as to why not.

Asbestos Project Notification

If you have already completed a notification for this project, please let us know what has changed by filling out the section below.

Is this an **update** to a previously submitted project? Yes No

If yes, what has changed?

Is this an **Emergency Notification** (i.e., less than 72 hours' notice)? Yes No

If yes, use the toll free number listed above to contact us and obtain approval to proceed from an OHS Manager/OHS Technical Advisor, **and** describe below what the emergency is:

Is this an **Extended Notification Request** (i.e., for an on-going project up to a year long, that is low or moderate risk)? Yes No

If yes, describe why you feel that an Extended Notification should be granted:

Part A

Company or Person Submitting Notification				
Name of Person Submitting Notification			Email	
Phone	Fax	Mailing Address		
City		Province:	Postal Code	

Part B

Asbestos Contractor Company			Asbestos Contractor Representative for Project	
Phone	Fax	Cell	Email	

Part C

Work Site Owner			Owner Representative	
Phone	Fax	Cell	Email	
City		Work Site Address		
Specific Abatement Location at this Work Site				

Part D

Prime Contractor			Prime Contractor Representative		
Phone	Fax	Cell	Email		

Part E

Hygiene Consulting Company			Consultant Representative		
Phone	Fax	Cell	Email		

Part F

Project Details

Project Dates	Exact Date for Start of Project	Exact Date on which Abatement Begins	Estimated Project Completion Date				
Days of Abatement	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours of Abatement	From:	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	To:	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	

Asbestos-Containing Material

What type of material contains the asbestos?

How much material is being disturbed? (e.g. square metres)

What type and percentage of asbestos is contained in the above material

Chrysotile _____% Amosite _____% Vermiculite _____% Other _____%

How is the project classified (using the Alberta Asbestos Abatement Manual [AAAM])? High Moderate Low

(Note that if a 'modified procedure' from what is outlined in the AAAM, complete details must be provided in the site-specific description section below.)

Has an Acceptance under Section 34 of the OHS Act been issued to the building owner, the prime contractor, a contractor, or employer for this project? Yes (if yes, attach a copy) No

Provide a general description of the asbestos abatement project (Refer to Sections 5.2, 5.3 and/or 5.4 of the AAAM):

Describe or attach site-specific work procedures for the asbestos abatement project. If there is any variation from what is outlined in the AAAM, complete details must be provided.

Describe air-monitoring protocol that will be used for the project.