



**Corporation of the City of Thorold**  
 Planning & Building Services, Building Division  
 3540 Schmon Parkway, Thorold, Ontario L2V 4Y6  
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 www.thorold.com

## Application for a Permit Supplemental Demolition Data Request Form

For Use by Municipality	
APO Number	Tax Roll Number
Required Departmental Approvals Prior to Permit Issuance	
<input type="checkbox"/> Engineering (Lot Grading)	received by: _____ date: ___/___/___
<input type="checkbox"/> Regional Health Unit	received by: _____ date: ___/___/___
<input type="checkbox"/> Niagara Escarpment Commission	received by: _____ date: ___/___/___
<input type="checkbox"/> Ministry of Transportation	received by: _____ date: ___/___/___

Date Received

A) Project Information			
Address of Project			
Building Number	Street Name	Unit Number	Lot/con.
Current Use		Extent of Demolition	
<input type="checkbox"/> Dwelling <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Other: _____		<input type="checkbox"/> complete <input type="checkbox"/> partial	

B) Disconnection Requirements					
Applicable services are required to be shut off or disconnected and capped prior to the issuance of any Demolition Permit, clearance from the corresponding Utility provider may be required. (check off all that apply)					
<input type="checkbox"/> Electricity	Hydro One	888•664•9376	<input type="checkbox"/> Gas	Enbridge Gas (local)	800•263•3688 905•685•4841
<input type="checkbox"/> Water Supply	Thorold Public Works	905•227•3521	<input type="checkbox"/> Cable TV	Cogeco Cable	866•427•7451
<input type="checkbox"/> Sewer	Thorold Public Works	905•227•3521	<input type="checkbox"/> Locate before you dig	Ontario One Call	800•400•2255
<input type="checkbox"/> Telephone	Bell Canada	905•310•2355			

C) Declaration of Applicant	
I _____ certify that:	
(print name)	
The clearances from the above required Utility providers has been obtained and that all the information contained in this application, attached drawings, specifications, and all other attached documentation is true to the best of my knowledge.	
_____	_____
(date)	(signature)
<small>Personal information contained in this form is collected under the authority of subsection 8(1.1) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Building Code Act, 1992. Questions about the collection of personal information may be addressed to the Chief Building Official of the City of Thorold.</small>	

D) Tax Status (for use by Municipality)
Status of Tax Account
Demolition Permit cannot be issued unless status of taxes owing for the property is clear. Status <input type="checkbox"/> Clear <input type="checkbox"/> Outstanding

E) Planning / Heritage Requirements (for use by Municipality)
The Planning Staff has reviewed this application and the corresponding information and has:
<input type="checkbox"/> Objection <input type="checkbox"/> No objection to its approval and wishes <input type="checkbox"/> not to comment <input type="checkbox"/> to Comment (comments attached)
_____
(date)
_____
(signature)