



**COWICHAN VALLEY REGIONAL DISTRICT**

LAND USE SERVICES DEPARTMENT  
 175 Ingram Street, DUNCAN, BC V9L 1N8  
 Tel: 250.746.2610; Email: inspections@cvrld.bc.ca

**DEMOLITION PERMIT APPLICATION**

**Project Info**

Address					Zoning
Lot	District	Plan	Elec. Area	PID	
Description of Work					

**Building Classification**

SFD  
  Residential  
  Institutional  
  Commercial  
  Industrial  
  \_\_\_\_\_

**Owner**

Name(s) /Company		Contact
Address	City	Postal Code
Phone	E-mail	

**Applicant or Contractor**  
(circle one)

Name	Company	
Address	City	Postal Code
Phone	E-mail	

I, the owner of the above property, hereby authorize and appoint \_\_\_\_\_ as my agent for this application. The undersigned owner/authorized agent of the owner makes application for the permit specified herein, and declares that the information submitted in support of the application is true and correct in all respects.

**\*Please note that it is up to the Owner/Agent to Notify the CVRD in writing, for the cancellation of collection service and return all curbside collection bins, otherwise curbside billing will continue\***

**\*\*THIS DOCUMENT IS NOT NOTIFICATION\*\***

Owner's Signature	Date	Authorized Agent Signature	Date
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**Personal information Declaration:** This information is collected for the administrative and/or operational functions of the CVRD as authorized by the 'Local Government Act' and CVRD Building Bylaw No. 3422. This information has been collected, and may be used, and/or listed in a Building Permit Listing, or forwarded to authorized agencies in accordance with the 'Freedom of Information and Protection of Privacy Act'.

**Office Use**

Building	Fee	Building Inspector	
Building Permit			
Land Titles		Date Issued	
Subtotal	\$	Total Permit Fee	\$

**Building Permit Issuance**

Permission is hereby granted to		
Complying with all CVRD Bylaws, BC Building Code and Approved Plans marked 'Site Copy'		
Conditions	PERMIT #	
Owner/Agent Signature at time of pick up	Receipt No.	Date