



Town of Arnold's Cove

P.O. Box 70

Arnold's Cove, NL

Canada – A0B 1A0

Tel: (709) 463-2323 Fax: (709) 463-2326

Email: townclerk@townofarnoldscove.ca

APPLICATION TO DEMOLISH A BUILDING OR STRUCTURE

1. Name _____ Phone# _____

Mailing address _____

Name and phone number of person/contractor doing the work :

Start Date _____

2. Describe Proposed Demolition method:

(a) Structure location:

(b) Structure Size

(c) Foundation/basement height

3. Land/Structure ownership & mailing address:

4. Existing Services: Water _____ (Y/N)

5. Sewage Disposal Type _____ (Septic or town connected)

I, _____ of _____ in the Province of Newfoundland, do solemnly declare that the plans, specifications and statements herein contained in the said application conform to the best of my belief to the requirements of the Town of Arnolds Cove Development regulations and are made with full knowledge of the circumstances connected with same, and that the above Regulations will be complied with in the development whether specified herein or not. I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Date this _____ day of _____ 20____

Witness

Applicant's signature

Notes on Completion of Form

THIS FORM IS NOT VALID unless all questions are answered correctly and the form signed, witnessed, and dated.