

# Demolition Control Application

Township of Centre Wellington

Planning & Development - Building Division

1 Municipal Square, Elora, ON N0B 1S0

T: 519-846-2039 Email: [buildinginspection@centrewellington.ca](mailto:buildinginspection@centrewellington.ca)

## OFFICE USE ONLY

Date:

Date Accepted As Complete:

Fees Paid:

## 1. PROPOSED DEMOLITION PROPERTY LOCATION

Full Address: \_\_\_\_\_

If the property contains multiple buildings, specify: \_\_\_\_\_

## 2. APPLICANT(S)

Full Name: \_\_\_\_\_

Corporation/Partnership: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

## 3. OWNER(S)

Full Name: \_\_\_\_\_

Corporation/Partnership: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

#### 4. TYPE & NUMBER OF BUILDINGS

**Type & Number** of dwelling(s) or building(s) proposed to be demolished (for example: single detached dwelling, semi-detached dwelling, duplex, street townhouse dwelling, multiple dwelling, etc.):

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#### 5. REASON FOR DEMOLITION

Use full detailed sentences to describe the reason for demolition.

For example:

- To allow immediate redevelopment of the site via a site plan application and a building permit application that have been submitted concurrently with this application;
- To allow the site to be used for open space (parking lot, landscaped area, etc.)
- To remove a dwelling that is in poor repair with no immediate plans to develop
- To remove a dwelling and reconstruct a new dwelling

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#### 6. PROPOSED USE(S) OF LAND

Use full detailed sentences to describe proposed use(s) of land following demolition and related development applications.

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#### 7. DESCRIPTION OF BUILDING TO BE DEMOLISHED

Number of Storeys Above Grade: \_\_\_\_\_ Below Grade: \_\_\_\_\_

Height of Building: \_\_\_\_\_ m \_\_\_\_\_ ft Total Building Area: \_\_\_\_\_ m<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup>

Total Gross Floor Area (All Floors): \_\_\_\_\_ m<sup>2</sup> \_\_\_\_\_ ft<sup>2</sup> Number of Bedrooms: \_\_\_\_\_

Is the Building Vacant?  YES  NO Date Which Building Will Be Vacant: \_\_\_\_\_

## 8. APPLICATION REQUIRMENTS CHECKLIST

- Application Fee Per Lot of \$276.00 (HST included) Payable to The Township of Centre Wellington
- Additional Application Fee For Listed Heritage Property of \$276.00 (HST included) Payable to The Township of Centre Wellington
- Site Plan or Plot Plan    Elevation Drawings    Photographs of the Building(s) to be Demolished

## 9. AUTHORIZATION

Permission to Enter

I, \_\_\_\_\_ hereby authorize a Building Official from the Planning & Development Department of the Township of Centre Wellington to enter the property and building(s) subject to this Demolition Control Permit Application to carry out any inspection(s) deemed necessary for the purpose of evaluating this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 10. STATUTORY DECLARATION

I, \_\_\_\_\_ certify that the information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge, and I have authority to bind the corporation to partnership (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 11. APPLICANT AUTHORIZATION

We, \_\_\_\_\_ the registered owners of \_\_\_\_\_ hereby authorize \_\_\_\_\_ to act as agent for the Demolition Control Permit Application which relates to the above noted lands and buildings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_