

## **BUILDING SERVICES**

5 Mill Street S Port Hope, ON L1A 2S6 905-885-2431

porthope.ca/building-services

## **Demolition Sign Off**

Project Information	
Project address:  Type of building:  Floor area:  Property owner:  Applicant (if different):	
Ontario Building Code	
<ul><li>a. Number of stories above</li><li>b. Number of stories below</li></ul>	y grade:
<ol> <li>Does the building exceed 600 states</li> <li>(footprint)? Yes □ No □</li> </ol>	square metres (6458 square feet) in building area
4. Will the proposed demolition ex	ensioned or post-tensioned members? Yes □ No □ xtend below the level of the footings of any adjacent ngle of repose of the soil as drawn from the bottom of the
5. Will there be any explosives or	lasers used during the demolition? Yes $\ \square$ No $\ \square$
Engineer to undertake the General Reapplicant shall submit a completed Co	stions is Yes, the applicant shall retain a Professional eview of the project during the demolition. Furthermore, the ommitment to General Review form and a letter detailing f the building and method of demolition.
I hereby certify the above information best of my knowledge.	submitted in this application is true and accurate to the
Applicant Name (please print) App	 Dlicant Signature Date

Effective: 2023-06-27 Last Revised: 2023-06-27