



Town of Saint Andrews

Application for a Demolition Permit

212 Water Street, Saint Andrews, N.B., E5B 1B4

Owner's Name: _____ Owner's Phone Number: _____

Owner's Email: _____ Applicant's Email: _____

Applicant's Name: _____ Applicant's Phone Number: _____

Applicant's Address: _____ Postal Code: _____

Contractor's Name: _____ Contractor's Phone #: _____

Contractor's Address: _____

Location of Lot: _____

Description of Proposed Demolition: _____

Expected Start Date: _____ Expected Finish Date: _____

COMPLETE JOB COST: \$ _____

I hereby agree to comply with all building and zoning bylaws of the Town of Saint Andrews.

OWNER SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

DEMOLITION PERMIT FEE \$50.00

OFFICE USE ONLY

PID #: _____ Date Application Received: _____

Demolition Permit #: _____ Date Application Approved: _____

Telephone: 506-529-5143
Fax: 506-529-5183
e-mail: building@townofstandrews.ca