



Hamilton

DEMOLITION PERMIT DELEGATED AUTHORITY APPROVAL

(FOR RESIDENTIAL PROPERTIES)

BUILDING DIVISION

71 Main Street West, 3rd Floor

Hamilton, ON L8P 4Y5

Ph. (905) 546-2720

Fax (905) 546-2764

PROPERTY ADDRESS _____ AMANDA FOLDER # _____

EXISTING USE OF BUILDING (Be Specific) _____

TOTAL NUMBER OF DWELLING UNITS _____

(IF MORE THAN 5 DWELLING UNITS EXIST THEN THE OWNER IS REQUIRED TO CONTACT THE POLICY PLANNING SECTION AS THERE IS INFORMATION REQUIRED TO BE SUBMITTED TO THEM THAT MAY DELAY THE APPROVAL PROCESS. PLEASE CONTACT THE ZONING EXAMINER BELOW IF MORE INFORMATION IS REQUIRED.)

PROPOSED USE OF PROPERTY (Upon Demolition) _____

ARE THERE ANY ACCESSORY BUILDINGS ON THE PROPERTY? YES [] NO []
(ADDITIONAL DEMOLITION PERMITS REQUIRED FOR EACH ACCESSORY BUILDING)
IF YES, HOW MANY? / BUILDING SIZE(S)? _____ /

IS THIS PROPERTY DESIGNATED UNDER THE ONTARIO HERITAGE ACT? YES [] NO []
(IF YES, THIS MUST BE APPROVED BY COUNCIL AND APPROVAL IS REQUIRED BY THE COMMUNITY PLANNING & DESIGN DIVISION. THIS MAY DELAY THE APPROVAL PROCESS.

IS THIS PROPERTY OF INTEREST TO THE HAMILTON HERITAGE COMMITTEE? YES [] NO []

IS THIS PROPERTY SUBJECT TO A CURRENT SEVERANCE APPLICATION? YES [] NO []
APPLICATION # _____

IS THIS PROPERTY SUBJECT TO A CURRENT REZONING APPLICATION? YES [] NO []
REZONING APPLICATION # _____

CONDITION OF BUILDING _____

HAS THE BUILDING BEEN DAMAGED BY A FIRE? YES [] NO []
IF YES, DATE OF FIRE _____

HAS A BUILDING PERMIT APPLICATION BEEN SUBMITTED FOR REPLACEMENT OF THE BUILDING? YES [] NO []

OTHER COMMENTS _____

DELEGATED AUTHORITY CHECKLIST: (THE APPLICATION MUST FALL UNDER ONE OF THESE CATAGORIES)

IS THIS DEMOLITION IN A ZONE THAT DOES NOT PERMIT A RESIDENTIAL USE? YES [] NO []
CURRENT ZONE: _____

IS THIS DEMOLITION REQUIRED TO FACILITATE A DEVELOPMENT UNDER AN APPROVED SITE PLAN OR APPROVED DRAFT PLAN OF SUBDIVISION? YES [] NO []
APPLICATION # _____

IS THIS PROPERTY LOCATED IN A ZONE THAT PERMITS OTHER NON-RESIDENTIAL USES? YES [] NO []
CURRENT ZONE: _____

IS THIS DEMOLITION REQUIRED TO FACILITATE LAND ASSEMBLY FOR FUTURE DEVELOPMENT? YES [] NO []
DETAILS: _____

IS THIS PROPERTY LOCATED IN THE RURAL AREA WHEN ABUTTING LANDS WOULD NOT BE IMPACTED? YES [] NO []
DETAILS: _____

IS THIS PROPERTY WITHIN AN ESTABLISHED NEIGHBOURHOOD? YES [] NO []
If this box is checked the Owner Agreement Form must be completed and approved

IS THIS DEMOLITION REQUIRED AS A CONDITION OF AN APPROVED LAND SEVERANCE? YES [] NO []
If yes all other conditions shall be met prior to approval. Application Number: _____

THE FOLLOWING ARE TO BE COMPLETED BY STAFF

FOR PROPERTIES DESIGNATED UNDER THE ONTARIO HERITAGE ACT AND/OR THE OWNER DOES NOT AGREE TO THE CONDITIONS THE APPLICATION IS REQUIRED TO BE APPROVED BY COUNCIL.

PROPOSED DATE FOR PLANNING COMMITTEE MEETING (WHEN APPLICABLE) _____
(IF APPLICANT WISHES TO SPEAK TO THE COMMITTEE THEN THE APPLICANT MUST CONTACT THE CITY CLERKS OFFICE IMMEDIATELY)
CITY CLERKS PHONE NUMBER (905) 546-2489

PROPOSED DATE FOR COUNCIL (WHEN APPLICABLE) _____
*NOTE THE DATES PROPOSED ABOVE FOR THE COMMITTEE ARE TENTATIVE AND ARE SUBJECT TO CHANGE DUE TO NUMEROUS CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO THE REQUIRED APPROVALS LISTED ABOVE & TIMELINES FOR INTERNAL PROCESSES.

STAFF PERSON ASSIGNED TO DEMOLITION PERMIT
PHONE# (905) 546-2424 ext. _____

STAFF PERSON ASSIGNED TO WRITE REPORT TO COUNCIL
PHONE# (905) 546-2424 ext. _____

FOR PROPERTIES THAT COMPLY WITH THE DELGATED AUTHORITY REGULATIONS:

Your application has been deemed a routine application in accordance with Demolition Control By-law 09-208 and is approved. PLEASE NOTE THAT THIS APPROVAL IS NOT A DEMOLITION PERMIT. The demolition can not commence until a demolition permit has been issued by the Chief Building Official. Please be advised that the issuance of a demolition permit under the Planning Act is not a waiver of any of the provisions of any By-law of the City of Hamilton, the requirements of the Building Code Act, any other requirements of the Planning Act, or any other applicable legislation.

STAFF PERSON ASSIGNED TO DEMOLITION PERMIT APPLICATION _____

Manager/Supervisor Initials _____

Chief Building Official's Approval Date

Ed VanderWindt
Director, Building Division