OFFICE USE ONLY	
Demolition Permit #	
Issue Date:	



## Rural Municipality of Reciprocity No. 32 Demolition Permit Application

PO Box 70 Alida, SK SOC 0B0 rm.of.reciprocity@sasktel.net

Applicant Name:			Phone Number:		
Mailing Address:			Email:		
Property Owner: (if different than above)			Phone Number:		
Mailing Address:			Email:		
Contractor: (if different than above)			Phone Number:		
Mailing Address:			Email:		
Legal Land Descr	iption		-	-	
Quarter	Section	Townsh	nip	Range	W1M
Lot	Block				
Project Description:					
Disposal Location					
Declaration:					
I, the above noted ap	plicant, agree to the	he following:			
	-	=	such that it does not o	contravene local, p	rovincial, &/or federal legislation.
2. If asbestos is disc	overed before or d	uring demolition, a	applicant must comply	with all regulation	ns regarding removal & disposal.
3. Site remediation v	will be completed.				
4. Indemnify & hold	harmless the R.M	. of Reciprocity No	o. 32 from & against a	any claims, demand	ls, liabilities, costs or damages,
related to the wor	k undertaken purst	ant to this applica	tion.		
Signature			Date		
$\sim$					