



Summer Village of
Gull Lake

27 Lakeview Avenue
Site 2, Box 5, RR 1
Lacombe, AB T4L 2N1
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Demolition Application No. _____

DEMOLITION PERMIT APPLICATION

Applicant: _____

(if not registered Owner(s))

Registered Owner(s) _____

Mailing Address: _____

Contact:

Daytime phone: _____ Cell _____

Email: _____ Fax: _____

Civic Address: _____

On Lot: _____ Block: _____ Plan: _____

Demolition: _____

How will the operation be carried out so as to create a minimum of dust or other nuisance?

How and where will the demolished material be disposed of?

Start Date: _____

Completion Date: _____

Estimated Cost: _____

Registered Owner(s) Signature(s)

Applicant's Signature

Date

Date
