

NOTICE OF DEMOLITION

BUILDING ADDRESS: _____

OWNER: _____

PROPOSED DATE OF DEMOLITION: _____

The applicant shall present this form to all Utilities listed below, obtain a signature of an authorized representative of the Utilities, the date the Utility will disconnect the service and return the form to the Development Services Department of the City of Stratford prior to obtaining a Demolition Permit.

UNION GAS COMPANY	Ally Deryck – 1-855-228-4898 X5111147
Date service to be disconnected:	
Authorized Representative	Date:

FESTIVAL HYDRO (City Water & Hydro)	Customer Service – 519-271-4700
Date service to be disconnected:	
Authorized Representative	Date:

BELL CANADA LIMITED	Stacey Bruce – 519-663-6146 FAX# 519-663-1188
Date service to be disconnected:	
Authorized Representative	Date:

ROGERS COMMUNICATIONS PARTNERSHIP	John McIntosh 519-895-3292 FAX# 519-893-6463
Date service to be disconnected:	
Authorized Representative	Date:

CITY OF STRATFORD – INFRASTRUCTURE DEPARTMENT	Dan Sykes – 519-271-0250X227
Deposit paid and approvals granted:	
Authorized Representative	Date:

CITY OF STRATFORD COMMUNITY SERVICES	Quinn Malott – 519-271-0250x276
Deposit paid and approvals granted:	
Authorized Representative	Date:

SITE LOCATES – PHONE NUMBERS

ONTARIO ONE CALL	1-800-400-2255
FESTIVAL HYDRO (underground locates)	519-271-4700
ROGERS CABLE TV	519-894-8138

DECLARATION

As the Owner or Authorized Agent. I agree to disconnect all storm and sanitary sewers outside of the building, to request and have such work inspected, all to the satisfaction of the Plumbing Inspector, before back filling.

Date: _____

Signature of Owner or Authorized Agent

Date: _____

Chief Building Official – City of Stratford