

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

Application submitted to Town of Outlook Box 518 Outlook, Saskatchewan S0L 2N0 ph. (306) 867-8663

A. Project information					
Building Address					
Type of Building to be Demolished/Moved					
Construction value est. \$					
B. Applicant Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner					
Last name		First name		Corporation or partnership	
Mailing Address					
Town	Postal code	Province	Unit number	E-mail	
Telephone number ()	Fax ()		Cell number ()		
C. Owner (if different from applicant)					
Last name		First name		Corporation or partnership	
Street address					
Town	Postal code	Province	Unit number	E-mail	
Telephone number ()	Fax ()		Cell number ()		
D. Contractor					
Last name		First name		Corporation or partnership (if applicable)	
Street address					
Town	Postal code	Province	Unit number	E-mail	
Telephone number ()	Fax ()		Cell number ()		
E. Additional information					

This form provides authorization to _____ of _____ (Applicant's Name) (Company Name)

To demolish/move the building(s) noted on the attached site plan and located at:

Civic Address: _____
 Legal Description: Lot: _____
 Block: _____
 Plan: _____

G. Signature	
Owner name	
(Please print)	Date
Signature of Owner	