CITY OF KAMLOOPS – BUILDING INSPECTION SECTION
105 SEYMOUR STREET
KAMLOOPS BC V2C 1A2
TELEPHONE: 828-3554
FAX: 828-7848

For the purpose of demolishing the structure(s) at:

Address: _____

Lot: _____ Plan: _____

It is required of the applicant to confirm with the following agencies that their respective services are in fact disconnected and rendered safe.

B.C. Hydro & Power Authority:

Print Name & Title	Signature	Date

B.C. Gas Inc.:

Print Name & Title	Signature	Date

Telus:

Print Name & Title	Signature	Date

The applicant must also confirm with the City of Kamloops Engineering Department that arrangements have been made to terminate Municipal Services on the site.

This form must accompany a completed ***Application for Building Permit***.