



**Infrastructure and Development  
Services Department**  
82 Erie Street, 2<sup>nd</sup> Floor  
Stratford, ON N5A 2M4  
(519) 271-0250  
Fax (519) 271-5966  
www.stratfordcanada.ca

**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** PHONE# 1-855-228-4898 X5111147 FAX # 519-667-4170

Date service to be disconnected: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

**FESTIVAL HYDRO (City Water & Hydro)** PHONE# 519-271-4700 FAX # 519-271-7204

Date service to be disconnected: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

**BELL CANADA LIMITED** PHONE# 519-663-6146 FAX# 519-663-1188

Date service to be disconnected: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

**ROGERS COMMUNICATIONS PARTNERSHIP** PHONE# 519-895-6076 FAX# 519-893-6463

Date service to be disconnected: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF STRATFORD INFRASTRUCTURE DEPARTMENT (DAN SYKES)**  
PHONE# 519-271-0250X227 FAX # 519-271-1427

Deposit paid and approvals granted: \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF STRATFORD CEMETARY OFFICE (QUINN MALOTT)** PHONE# 519-271-0250x246 FAX# 519-271-9488

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 Municipal Building Official, before back filling.

Date: \_\_\_\_\_  
Signature of Owner or Authorized Agent

**NOTICE OF COLLECTION**

The personal information collected on this form is collected under the authority of the *Municipal Act, 2001* and will be used by Development Services staff for the purpose of processing the application and other administrative purposes. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 ext. 235 during business hours.

If you require this form in an alternate format, contact Development Services at 519-271-0250x345 or TTY at 519-271-5241