



DEMOLITION PERMIT APPLICATION

Permit #(for City): _____

PROPERTY INFORMATION (Check one)

<input type="checkbox"/> Residential	<u>Not required for non-residential</u>
Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No	

DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED

Total Number of Buildings Being Demolished: _____

Description: _____

AVAILABLE UTILITIES (check all that apply) Utilities are required to be disconnected prior to permit issuance

Electric

Water

Gas

Sewer

Number of Water Meters: _____

Size of Water Meters: _____

Number of EXISTING Sanitary Sewer Drain Fixtures: _____

(Typical sewer drain fixtures: floor drain, water closet, lavatory, sink, shower, washer, floor sink, drinking fountain drains.)

ITEMS REQUIRED FOR SUBMITTAL WITH APPLICATION

Application for Erosion Prevention and Sediment Control submitted.

Letter or contract from owner granting demolition permission.

Photographs of exterior, of all buildings to be demolished, all sides.

Application of historic review may be required if the property is Historic.

NOTICE:
 PERMITS BECOME VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITH 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

Job Site Information and Location (where the work is taking place):

Job Site Address: _____

Business Name (If applicable): _____

Property Owner:

Owner Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Applicant/Contact Information (permit owner):

Name of Applicant: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

E-mail: _____

Contractor/Demolition Company Information:

Name of Contractor: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____

E-mail: _____

Oregon CCB #: _____

Lead Based Paint CCB #: _____

Commercial Building Use (if not a residential building):

Type of Business: _____

Square Footage: _____

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Check to verify you have reviewed information on asbestos removal here- <https://www.oregon.gov/deq/FilterDocs/asb-HomeFS.pdf>

Authorized Signature: _____

Print Name: _____ Date: _____

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