

Demolition Permit Application

YAMHILL COUNTY

525 NE 4th St., McMinnville, OR 97128

planning@co.yamhill.or.us

Phone: (503) 434-7516

Fax: (503) 434-7544

Permit No. _____

Date: _____

| DEMOLITION APPLICATION | |
|---|--|
| <input type="checkbox"/> Residential dwelling | <input type="checkbox"/> Commercial/industrial |
| <input type="checkbox"/> Accessory building | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Other | |
| DEMOLITION SITE INFORMATION AND LOCATION | |
| Job site address: | |
| City | |
| State: | Zip: |
| Cross street/directions to job site: | |
| | |
| | |
| | |
| Tax map/parcel no.: | |
| DESCRIPTION OF WORK | |
| | |
| | |
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| | |
| | |
| | |
| PROPERTY OWNER | |
| Name: | |
| Address: | |
| City/State/Zip: | |
| Phone: | Fax: |
| E-mail: | |
| APPLICANT | |
| Business name: | |
| Contact name: | |
| Address: | |
| City/State/Zip: | |
| Phone: | Fax: |
| E-mail: | |
| CONTRACTOR | |
| Business name: | |
| Contact name: | |
| Address: | |
| City/State/Zip: | |
| Phone: | Fax: |
| E-mail: | |
| CCB lic: | Expiration date: |

| DEMOLITION REQUIREMENTS | |
|--------------------------|---|
| <input type="checkbox"/> | Submit a site plan indicating the location of all structures to be removed |
| <input type="checkbox"/> | The owner of record is responsible for the complete removal of required sewer, water, electrical and gas disconnects. |
| <input type="checkbox"/> | Water meters must be removed by the water district. |
| <input type="checkbox"/> | Private sewage disposal systems must be decommissioned per DEQ requirements. |
| <input type="checkbox"/> | Private well systems must be decommissioned per Dept. of Water Resources requirements. |
| <input type="checkbox"/> | Commercial/industrial and high density residential requires an Asbestos Site Survey conducted by an accredited inspector. Refer to www.deq.state.or.us/aq/asbestos . |
| <input type="checkbox"/> | Inspections: A final inspection to verify that the demolition was completed per the permit requirements and no deficient items remain to be done. |

| NOTICE | |
|------------------------------------|--|
| I HAVE READ THE ABOVE REQUIREMENTS | |
| Owner's signature: | |
| | |
| Print name: | |
| | |
| Date: | |
| | |

| DEMOLITION PERMIT FEE | |
|-----------------------|---------|
| Permit Fee | \$51.35 |
| Amount paid | \$ |
| Receipt number | |

| FOR DEPARTMENT USE ONLY | |
|-------------------------|--|
| Sanitation approval: | |
| | |
| Planning approval: | |
| | |