



DEMOLITION PERMIT APPLICATION

Community Development ~ Building Division
333 Broadalbin ST SW / Albany, OR 97321
(541) 917-7553 Fax (541) 917-7598

Applications may be obtained online at:
www.cityofalbany.net/comdev/building/permits.php

Job Site Information & 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 #: _____

Oregon CCB #: _____

Commercial Building Use: (If not a residential building)

Type of Business: _____

Square Footage: _____

Project Description:

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 that you have received the Asbestos Abatement Informational Handouts.

Authorized Signature: _____

Print Name: _____ Date: _____

Office Use Only
Permit #: _____

PROPERTY INFORMATION (Check one)	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Zoning District: _____	Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED	
Total number of Buildings Being Demolished: # _____	
Number of Units: # _____	
Number of Bedrooms: # _____	
Number of Bathrooms: # _____	
Is the Property Publicly Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AVAILABLE UTILITIES: (check all that apply)	
<input type="checkbox"/> Electric	
<input type="checkbox"/> Water	
<input type="checkbox"/> Gas	
<input type="checkbox"/> Sewer	
Number of Water Meters: # _____	
Size of Water Meter(s): _____	
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:	
<input type="checkbox"/> Four copies of a plot plan showing location and dimensions of existing building(s) and lot size, sanitary sewer drain fixtures, driveway(s), utilities and proposed pedestrian protection.	
<input type="checkbox"/> Letter or contract from owner granting demolition permission.	
<input type="checkbox"/> Photographs of exterior, of all buildings to be demolished, all sides.	
<input type="checkbox"/> If demolition is due to fire damage, a release from the Fire & Life Safety Division is required verifying that the site is not under arson investigation.	
<input type="checkbox"/> Application for historic review may be required if the property is in a historic district.	
NOTICE: PERMITS BECOME VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.	

Faxed Permit to DEQ on: _____ Initials: _____ Fax #: 503-378-4196

