



DEMOLITION PERMIT APPLICATION

Community Development – Building Division
333 Broadalbin Street SW • Albany, OR 97321
(541) 917-7553 • Fax (541) 917-7598
permits@cityofalbany.net

Permits may be obtained online at:

<http://www.cityofalbany.net/aca>

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: _____

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 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
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) Utilities are required to be disconnected prior to permit issuance	
<input type="checkbox"/> Electric	
<input type="checkbox"/> Water	
<input type="checkbox"/> Gas	
<input type="checkbox"/> 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	
<input type="checkbox"/> Application for Erosion Prevention and Sediment Control submitted.	
<input type="checkbox"/> ONE set of construction plans and specifications must be made available electronically to be used for electronic plan review OR FOUR sets of paper plans and specifications.	
<input type="checkbox"/> Letter or contract from owner granting demolition permission. (May be submitted with electronic documents.)	
<input type="checkbox"/> Photographs of exterior, of all buildings to be demolished, all sides. (May be submitted with electronic documents.)	
<input type="checkbox"/> Application of 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 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.	

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