

CITY OF ST. HELENS

Demolition Permit Application

ISSUE DATE: _____

PERMIT: _____

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____

OWNER OF BUILDING: _____

ADDRESS: _____

PHONE: _____

BUILDING LOCATION: _____

TAX LOT NUMBER: _____

TYPE OF BUILDING: _____

LOT SIZE: _____ **BUILDING SIZE:** _____

AGE _____ **WIDTH** _____ **LENGTH** _____ **HEIGHT** _____

DESTRUCTION COMPANY NAME: _____

STATE of OREGON CCB#: _____

CONTACT NAME AND PHONE: _____

ADDRESS: _____

TYPE OF EQUIPMENT USED: _____

DATE OF DESTRUCTION: _____ **VALUATION OF PROJECT:** _____

EXPLANATION FOR DEMOLISHING BUILDING: _____

I will contact the City Public Works Dept. to remove the water meter and I will cap the sewer. I will not damage any real or personal property upon, along, or adjacent to the property involved while destroying this building, and in case any damage is so caused, I will pay therefore.

Signature of Applicant _____

-----OFFICE USE ONLY BELOW-----

City Planner Date

Building Official Date

Engineering Date

Public Works Date

CONDITIONS OF APPROVAL:

DEMOLITION FEE: _____
INVESTIGATION-INSPECTION FEE: _____

TOTAL: \$ _____