



# DEMOLITION PERMIT APPLICATION

Community Development – Building Division  
333 Broadalbin Street SW • Albany, OR 97321  
(541) 917-7553  
[cd.customerservice@cityofalbany.net](mailto:cd.customerservice@cityofalbany.net)

Permits may be obtained online at:

[www.cityofalbany.net/forms](http://www.cityofalbany.net/forms)

### 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: \_\_\_\_\_

Permit #: \_\_\_\_\_

### PROPERTY INFORMATION (Check one)

Residential  Commercial

Historic District:  Yes  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?  Yes  No

### 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.
- 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.
- Letter or contract from owner granting demolition permission. (May be submitted with electronic documents.)
- Photographs of exterior, of all buildings to be demolished, all sides. (May be submitted with electronic documents.)
- 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