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| City of Newport200 S Washington AvenueNewport, WA 99156Phone: (509) 447-5611 / Fax: (509) 447-2226cityofnewport@newport-wa.org | ***DEMOLITION PERMIT*** |

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| **PROJECT INFORMATION** |
| **Type of Structure(s)**□ Commercial | □ Multi-Family | □ Single Family Residence |
| Job site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Scope of Work:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Upon completion, will there be any remaining impervious surfaces (e.g. foundation, paved driveway, outbuildings?)  □ Yes □ NoDo buildings being demolished have **ASBESTOS** containing materials? (WAC 296-155-775) □ Yes □ No |
| **OWNER** | **CONTRACTOR** |
| **Name:** | **Company Name:** |
| **Address:** | **Address:** |
| **City:** | **City:** |
| **State: Zip:** | **State: Zip:** |
| **Phone:** | **Phone:** |
| **Email:** | **Email:** |
|  | **License #:** |

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| **WATER SERVICE** |
| Is the water service turned off? □ Yes □ No Is the water service capped? □ Yes □ No |
| **SEWER SERVICE** |
| Is the sewer service capped? □ Yes □ No |
| **APPLICANT (check one) □ Owner □ Contractor** |
| I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city ordinances and state laws relating to building construction and hereby authorize representatives of the city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property or an authorized contractor for the work as signified above and am acting with the owner’s/contractor’s full knowledge and consent. |
| **SIGNATURE** | **PRINT NAME** | **DATE** |