

CITY OF NEWPORT

200 S. Newport, WA 99156, Phone: (509) 447-5611, Email: CityofNewport@newport-wa.org

DEMOLITION PERMIT APPLICATION PROCEDURES

STEP #1

Planning & Zoning Requirements:

1. A copy of your recorded warranty deed, or lease agreement showing your name and legal description included with your application.
2. Complete a Site Plan showing existing structures, sewer, any water lines, or other major physical features that the City should be aware of.

STEP #2

Building & Safety Requirements:

1. Make sure all areas on the application are complete and provide clear directions to the building site.
2. After reading the notice at the bottom of the page, please print your name legibly, sign your name, and date the application.
3. Contractors must have a License number and active City business license. Contractors report local tax to the City of Newport using Code: 2605.
4. Check to see if the building has asbestos and follow proper guidelines. All demolitions that have asbestos must have clearance documentation and work with the Solid Waste Department to properly dispose of materials.
5. Your application will be reviewed for compliance with Local, State, and Federal Codes. (Corrections may need to be completed prior to final approval).
6. All Applications must be filled out, signed, and submitted with required approvals and information to the City of Newport.

******INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED******

STEP#4

STATE REQUIREMENTS:

1. A State Electrical permit may be required.
2. For more information contact the Washington Department of Labor & Industries: (509) 324-2600 to purchase permit online visit: www.lni.wa.gov (trades & licensing, electrical, permit fees & inspections).

Phone (509) 447-5611

City of Newport, 200 S. Washington Ave, Newport, WA 99156

Phone (208) 263-4160

James A. Sewell & Associates, LLC, 1319 N. Division Ave., Sandpoint, ID 83864



City of Newport

200 S Washington Avenue
Newport, WA 99156
Phone: (509) 447-5611
cityofnewport@newport-wa.org

DEMOLITION & RELOCATION PERMIT

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 No

Do 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 #:****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**

**BUILDING PERMIT
PLOT PLAN**

**JAMES A. SEWELL & ASSOCIATES, LLC, BUILDING INSPECTORS FOR:
CITY OF _____,**

OWNER

BUILDING PERMIT #

Draw a map of the site, providing the following information in the space below:

- The boundary lines of the site, including dimensions.
- An arrow indicating direction north.
- All roads - public and private - that provide access to the site.
- All bodies of water, existing drainage systems.
- Proposed structure and its dimensions. All existing structures.
- Distance from all property lines and any bodies of water to architectural projections of structures.
- Parking spaces, accesses and driveways as required by zoning ordinance or special conditions.
- All easements of record (roads, utilities, Army Corps of Engineers, etc.)
- Indicate the building site drainage plan for stormwater control.
- Location of septic tank, leach field and well, if applicable.
- Location of water sewer hook-ups, if applicable.

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I / WE CERTIFY THAT THE PROPOSED CONSTRUCTION WILL CONFORM TO THE DIMENSIONS AND USES SHOWN ABOVE AND THAT NO CHANGES WILL BE MADE WITHOUT FIRST OBTAINING APPROVAL. I / WE CERTIFY THAT THE PROPOSED CONSTRUCTION, ALTERATION AND/OR REPAIR WILL CONFORM TO THE LOCAL PLANNING AND ZONING AND HEALTH DEPARTMENT REQUIREMENTS THAT WILL BE IN EFFECT ON THE DATE OF THE GRANTING OF THE BUILDING PERMIT.

Name of Owner(s) of Site and Structure (please print)

Signature of Owner(s) or Authorized Representative

(Date)

VALUATION OF PROPOSED PROJECT

**For other than new construction, i.e., remodels, signs,
change of use, roof over modular homes and additions.**

Applicant Name: _____

Project: _____

Applicant Telephone No.: _____

To Whom It May Concern:

The project valuation for the proposed project listed above is \$ _____.
(For value of actual work being done.)

Sincerely,

Applicant Signature

Date