DEMOLITION PERMIT APPLICATION

Permit #(for City):



ACRICULTURE AND INDUSTRY ACRICULTURE AND INDUSTRY Residential Commercial Historic District: Yes No DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED Total Number of Buildings Being Demolished: Description: Description: Description: Owner Mailing Address: City/State/Zip: Phone #: AVAILABLE UTILITIES (check all that apply) Utilities are required to be disconnected prior to permit issuance City/State/Zip: Water Phone #: Gas Contractor/Demolition Company Information: Sewer Name of Contractor: Number of Water Meters: City/State/Zip: Size of Water Meters: City/State/Zip: Number of EXISTING Sanitary Sewer Drain Fixtures: Number of EXISTING Sanitary Sewer Drain Fixtures:	Millersburg		PROPERTY INFORMATION (Check one)		
DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED			☐ Residential	☐ Commercial	
place): Job Site Address: Business Name (If applicable): Property Owner: Owner Mailing Address: City/State/Zip: Phone #: Applicant/Contact Information (permit owner): Mailing Address: City/State/Zip: Phone #: E-mail: Contractor/Demolition Company Information: Name of Contractor: Mailing Address: City/State/Zip: Sewer Number of Water Meters: Size of Water Meters: Size of Water Meters:			Historic District: ☐ Yes ☐ No		
Job Site Address: Business Name (If applicable): Property Owner: Owner Mailing Address: City/State/Zip: Phone #: Applicant/Contact Information (permit owner): Name of Applicant: Wailing Address: City/State/Zip: Phone #: E-mail: Contractor/Demolition Company Information: Name of Contractor: Mailing Address: City/State/Zip: Sewer Number of Water Meters: Size of Water Meters: Size of Water Meters:	· · · · · · · · · · · · · · · · · · ·		DESCRIPTION OF STRUCTURE(S) TO BE DEMOLISHED		
Property Owner: Owner Mailing Address:	,		Total Number of Buildings Being Demolished:		
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: Size of Water Meters: Size of Water Meters: Size of Water Meters: Size of Water Meters:	Business Name (If applicable):		- Description:		
City/State/Zip:	Property Owner:				
Applicant/Contact Information (permit owner): Name of Applicant: Mailing Address: City/State/Zip: Name of Contractor: Mailing Address: City/State/Zip: Size of Water Meters: Size of Water Meters: Size of Water Meters:	Owner Mailing Address:		_		
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: Size of Water Meters: Size of Water Meters:	City/State/Zip:		_		
Name of Applicant:	Phone #:		_		
Name of Applicant:	Applicant/Contact Information (permit owner):		AVAILABLE UTILITIES (chec	k all that apply)	
City/State/Zip:	Name of Applicant:				
Phone #: Gas Contractor/Demolition Company Information:	Mailing Address:		- ☐ Electric		
Phone #:	City/State/Zip:		□Water		
E-mail:	Phone #:		_		
Name of Contractor: Number of Water Meters: Size of Water Meters:	E-mail:		☐ Gas		
Mailing Address: City/State/Zip: Size of Water Meters:	Contractor/Demolition Company Information:		☐ Sewer		
Mailing Address: Size of Water Meters:	Name of Contractor:		Number of Water Meters:		
City/State/Zip:	Mailing Address:		Size of Water Meters:		
Phone #: Number of EXISTING Sanitary Sewer Drain Fixtures:	City/State/Zip:		-		
	Phone #:		-		
	E-mail		(Typical sewer drain fixtures: floor drain, water closet, lavatory, sink, shower, washer, floor sink, drinking fountain drains.)		
Oregon CCB #:	Oregon CCB #:			-	
Lead Based Paint CCB #:	Lead Based Paint CCB #:		TIEMS REQUIRED FOR SUBI	WITTAL WITH APPLICATION	
Commercial Building Use (if not a residential building):	Commercial Building Use (if not a residential b	ıilding):	''		
Type of Business: Letter or contract from owner granting demolition permission. □ Photographs of exterior, of all buildings to be demolished, all sides	Type of Business:		_		
Square Footage:	Square Footage:		☐ Application of historic review may be required if the property is		
Historic.				r may be required in the property le	
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.		nether specified herein			
□ Check to verify you have reviewed information on ashestos removal	Check to verify you have reviewed information on asbestos removal here- https://www.oregon.gov/deq/FilterDocs/asb-HomeFS.pdf Authorized Signature:			OD CONOTDUCTION AUTHORIZED IS NOT	
here- https://www.oregon.gov/deq/FilterDocs/asb-HomeFS.pdf COMMENCED WITH 180 DAYS, OR IF CONSTRUCTION OR WORK IS			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.		
Print Name: Date:	Print Name:	Date:	l		

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