

CITY OF BRIDGEPORT

DEMOLITION PERMIT APPLICATION

PROPERTY OWNER

CONTRACTOR

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ LEGAL DESCRIPTION: \_\_\_\_\_

DESCRIBE PROJECT: \_\_\_\_\_

NUMBER OF STRUCTURES TO BE REMOVED: \_\_\_\_\_ NUMBER OF STRUCTURES TO REMAIN: \_\_\_\_\_

SEWER DISCONNECTION: \_\_\_\_\_ WATER SERVICE DISCONNECTION: \_\_\_\_\_

REMOVAL OF UNDERGROUND FUEL STORAGE TANK: \_\_\_\_\_ DOE NOTIFICATION/APPROVAL: \_\_\_\_\_

IS ASBESTOS PRESENT AT SITE: \_\_\_\_\_ DOE NOTIFICATION/APPROVAL: \_\_\_\_\_

DESTINATION AND QUANTITY OF DEMOLITION WASTE TO BE REMOVED: \_\_\_\_\_

SOURCE OF WATER FOR DUST CONTROL: \_\_\_\_\_

IS PROPERTY WITHIN 200' OF RIVER, STREAM, LAKE, OR DRAINAGE: \_\_\_\_\_

**The applicant/property owner agrees to pay all plan review fees and all expenses and costs incurred by the City. In the event the applicant cancels or postpones the permit application, plan review fees already incurred shall be paid in full. Further, all unpaid fees, expenses and costs shall constitute a lien on the subject real property and the city is hereby authorized to record a notice of lien with the Douglas County Auditor.**

I hereby certify that to the best of my knowledge all submitted information is correct and that the construction, occupancy, and use of the above described property will be in accordance with the laws, rules, and regulations of the State of Washington and the City of Bridgeport.

SIGNATURE OF

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL SPECIAL APPROVALS THAT PERTAIN TO YOUR PROJECT MUST BE SIGNED AND CHECKED OFF, BEFORE ISSUANCE OF YOUR DEMOLITION PERMIT.**

WATER: \_\_\_\_\_ SEWER: \_\_\_\_\_ DEPARTMENT OF ECOLOGY: \_\_\_\_\_