

Permit Number _____

Received Stamp



ORTING

Demolition Permit Application

110 Train St. SE PO Box 489 Orting, WA 98360
Phone: (360)893-2219 • FAX: (360)893-6809
www.cityoforting.org

PROJECT DESCRIPTION

Type of structure(s) to be demolished:

Single Family Residence _____ square feet

Multi-Family Building _____ # of units / _____ square feet

Commercial / Industrial / Non-residential Building _____ square feet

Interior Demo Only

Other: Type of Building _____ / _____ square feet

PROPERTY INFORMATION

Site Address:	Parcel Number:
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PROPERTY OWNER INFORMATION

Property Owner Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail Address:	Fax Number:

APPLICANT INFORMATION

Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail Address:	Fax Number:

CONTRACTOR

Name:	Company:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail Address:	Fax Number:	

Contact person (if different):	Phone Number:		
Orting Business License Number:	Contractor's License # (Card must be presented):	Expiration Date:	Verified: Yes <input type="checkbox"/> / No <input type="checkbox"/>

ZONING & VALUATION

Zoning:	Lot Size:	Building Division Valuation: \$	Applicant's Valuation: \$
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Tree Removal Proposed: Yes No (If yes, Show location, type and size on site plan)

(OVER)

DEMOLITION CHECK LIST

Note: The contractor is responsible for obtaining approval from all applicable agencies and utility companies prior to the start of any demolition work approved by this permit.

Water Supply:

Orting Bldg. Dept. 360-893-2219 x139

- Yes No A. Meter to be removed (Contact local water district)
- Yes No B. Meter to remain and be protected.
- Yes No C. Private Well (contact Pierce County Health Dept 253-798-6470)
 - _____ To be filled and capped.
 - _____ To be used for other purposes (specify) _____
- Yes No Is water available to keep the dust at a minimum?

Sanitary Sewer:

Orting Bldg. Dept. 360-893-2219 x139

- Yes No A. Sewer to be capped (Contact local sewer district)
- Yes No B. Existing line to remain and be used by new structure

Septic System:

- Yes No A. Tank to be removed (Contact P.C. Health Dept. 253-798-6470)
- Yes No B. Tank to be drained and filled (Contact P.C. Health Dept. 253-798-6470)

Electrical Supply:

PSE 1-888-321-7779

- Yes No Electricity to be shut-off and meter removed. (Contact Electric Co.)

Gas:

- Yes No Gas to be shut-off and meter removed. (Contact PSE 1-888-321-7779)

Existing Foundation:

- Yes No A. Foundations to be destroyed and removed
- Yes No B. Basement to be destroyed or filled
- Yes No C. All debris removed from site – lot to be restored to original condition.

Underground Flammable Liquid Storage Tank:

- Yes No Will any underground storage tanks be removed? (Removal of any underground flammable liquid storage tanks must be reported to the Dept. of Ecology, PV-11, Olympia, WA 98504-8711 with a copy of this application and set of plans) (Fire Permit must be obtained from Fire District 2 for tank removal.)

ASBESTOS ABATEMENT:

- Yes No Is there any asbestos that needs removal?
You must contact the Puget Sound Clean Air Organization regarding Asbestos requirements.
 For full details and to obtain asbestos forms, instructions and regulations go online to:
 Contractors: <http://www.pscleanair.org/asbestos/asbe-cont-info.shtml>
 Homeowners: <http://www.pscleanair.org/asbestos/asbe-home-form.shtml>
 or to ask other questions, by phone 1-800-552-3565.
 Failure to comply with asbestos requirements may result in penalties.

By signing this application, I acknowledge that I know and I am complying with the Puget Sound Clean Air Organization's requirements regarding Asbestos Abatement.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the City of Burien as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which maybe be made by any person, including the undersigned, and filed against the City of Burien, but only where such claim is out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

Owner/Agent: _____ Date: _____