

Permit Number _____

Received Stamp



**CITY OF ORTING
BUILDING DEPARTMENT**

900 Rocky Rd NE | PO BOX 489 | ORTING, WA 98360
PHONE: 360.893.9007 ● FAX: 360.893.6809
[Email: buildinguser@cityoforting.org](mailto:buildinguser@cityoforting.org)

DEMOLITION PERMIT APPLICATION

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)

SEPA REQUIRED Yes No Initials: _____ (To be initialed by a City of Orting Planner)
(Note: If SEPA review would normally be required to build the structure, the SEPA review is normally required to demo the structure. Also, if the project will disturb an acre or more of land, a SEPA checklist is normally required.)

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:
 Yes No A. Meter to be removed (**Contact Orting Public Works 360-893-2219**)
 Yes No B. Meter to remain and be protected.
 Yes No C. Private Well
_____ 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:
 Yes No A. Sewer to be capped (**Contact Orting Public Works 360-893-2219**)
 Yes No B. Existing line to remain and be used by new structure

Septic System:
 Yes No A. Tank to be removed (**Contact Orting Public Works 360-893-2219**)
 Yes No B. Tank to be drained and filled (**Contact Orting Public Works 360-893-2219**)

Electrical Supply:
 Yes No Electricity to be shut-off and meter removed. (**Contact Puget Sound Energy 1-888-321-7779**)

Gas:
 Yes No Gas to be shut-off and meter removed. (**Contact Puget Sound Energy 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 Orting 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 Orting, 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:** _____