



CITY OF PHILOMATH

980 Applegate Street
PO Box 400
Philomath, OR 97370
541-929-6148
541-929-3044 FAX
www.ci.philomath.or.us
buildingpermits@ci.philomath.or.us

STRUCTURAL DEMOLITION APPLICATION FORM

Property Owner: _____ Phone 1: _____ Phone 2: _____

Applicant: _____ Title of Applicant: _____
(if other than owner, list relationship: i.e., contractor, relative, acting agent)

Phone 1: _____ Phone 2: _____ CCB Number: _____

Site Address: _____

Map & Tax Lot Number: _____ Current Zoning: _____

Date proposed demolition to begin: _____

Date proposed demolition to be completed: _____

What will be done with the structure (e.g. material salvage; fire dept practice, take to dump, etc.): _____

How will materials be transported _____

Name of disposal site to be used _____

- Site plan attached showing utility cap-off locations.
- Hazardous materials certificate required
- Sewer cap-off must be inspected by Public Works
- Property taxes up-to-date

Water meter status (circle one): Leave in Ground Will Call Public Works to Remove

Power (Specify all: Electricity, Natural Gas, Other) _____

The applicant is responsible to call the Building Inspection line (541) 766-6898 for an inspection upon completion of the demolition. **Demolitions shall not be commenced prior to receiving the issued permit.**

Applicant's Signature: _____ Date: _____