



# CITY OF PHILOMATH

980 Applegate Street  
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## STRUCTURAL DEMOLITION APPLICATION FORM

Property Owner: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ 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: \_\_\_\_\_