



**CITY OF PHILOMATH**

980 Applegate Street  
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Philomath, OR 97370

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**A P P L I C A T I O N**

**STRUCTURAL DEMOLITION OR REMOVAL PERMIT**

**Application Fee: \$ 59**

**DEMOLITIONS SHALL NOT BE COMMENCED PRIOR TO RECEIVING THE ISSUED PERMIT.**

Is the structure in or within 50' of FEMA floodplain?  No  Yes → If yes, attach Floodplain Development Permit

**PROPERTY OWNER(S) INFORMATION**

Names(s): \_\_\_\_\_ Phone #1: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT INFORMATION**

Names(s): \_\_\_\_\_ Phone #1: \_\_\_\_\_

Title of applicant (i.e. owner, contractor, relative, acting agent, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ CCB#: \_\_\_\_\_

**PROPERTY INFORMATION**

Site Address: \_\_\_\_\_

Assessor's Map & Tax Lot Number(s): \_\_\_\_\_ Zoning: \_\_\_\_\_

**DEMOLITION INFORMATION**

Description of structure to be demolished: \_\_\_\_\_

Reason for demolition: \_\_\_\_\_

# of plumbing fixtures: \_\_\_\_\_ # of stories: \_\_\_\_\_

Building height: \_\_\_\_\_ Total floor area of structure: \_\_\_\_\_

Date structure was established on property: \_\_\_\_\_ Zoning when established: \_\_\_\_\_

Demolition start date: \_\_\_\_\_ Demolition completion date: \_\_\_\_\_

How are you planning to demolish the structure? (e.g. fire department practice, sold and/or moved to another location, torn down onsite, etc.): \_\_\_\_\_

What will be done with the structure? (e.g. material salvage, taken to the dump, etc.): \_\_\_\_\_

How will the materials be transported? \_\_\_\_\_

Name of disposal site to be used: \_\_\_\_\_

Are there underground flammable liquid storage tanks present?  No  Yes

## UTILITIES

Water meter:  No connection  Retain  Pull → If yes, you will need to call Public Works to remove

Water:  No connection  City  Well

Sanitary System:  No connection  City  Septic

Power:  No connection  Electricity  Electricity/Home Heating Oil  Electricity/Natural Gas  
 Electricity/Propane  Home Heating Oil  Natural Gas  Propane

## REQUIRED APPLICATION INFORMATION

The following items are required for submitting an application for a demolition permit:

1. **One (1) completed demolition application.** Include a demolition schedule or date of the demolition.
2. **One (1) site plan** (no larger than 11"x17"). A site plan is not complete without the following:
  - a. Label the structure to be demolished or removed and its distances to property lines.
  - b. Label the septic tank and drain field areas.
  - c. Label the utility connections.
  - d. Label the driveway and all other structures on the property.
3. **Payment** will be collected upon submission of a complete application.

## INSPECTION REQUIREMENTS

**Step 1: REMOVAL OF STRUCTURE**—Remove the structure and foundation, including basement walls and floors and utility systems. All building material remaining, after demolition, including wire, plumbing, concrete, or other material shall also be removed from the building site and taken to an approved dumpsite. Call Fire Department: Obtain pre-authorization from the local fire department if the intent is to burn the structure.

**Step 2: BASEMENT AND FOUNDATION CAVITIES**—Basement and foundation cavities are required to be back-filled in six-inch lifts and compacted to prevent settlement. In areas where extensive excavation has occurred, a compaction report certified by a licensed engineer may be required.

**Step 3: REQUEST AN INSPECTION**—

1. After completing Steps 1 and 2, **call the inspection line at 1-888-299-2821 at least 24 hours prior to inspection to verify structure removal and close this file.**
2. **You will need a 12-digit "IVR number" to call for inspection.** The IVR number for your permit is provided in the "Description of Work" on your issued Building Permit. This IVR number can also be found by going to the ePermitting website at <https://aca.oregon.accela.com/oregon/> and searching for your permit. If you have difficulty finding the IVR number, please call our office.

## DEMOLITION REQUIREMENTS

The following requirements are the responsibility of the property owner and are not verified by this permit:

1. **NOTIFY ASSESSMENT**—To ensure the removed structure is no longer assessed property taxes: (1) If a manufactured home, pay any current taxes to the Assessment Department (541-766-6855) prior to applying for a demolition permit, (2) Once the demolition permit is issued, choose one form that is applicable to your situation listed here: <https://www.co.benton.or.us/assessment/page/other-property-tax-forms> and send it to the Assessment Department (541-766-6855), and (3) Call for inspections for the county inspector to verify the demolition.
2. **ASBESTOS**—Before any demolition activities begin, an asbestos survey performed by an accredited inspector is required to identify any asbestos materials in and on any public or private structure. A contractor licensed by DEQ in asbestos removal is responsible for safely removing all friable asbestos-containing material and disposing it at an authorized landfill, in compliance with the Department of Environmental Quality (DEQ). Contact DEQ at 503-378-5086 or 800-349-7677 or visit their website at <https://www.oregon.gov/deq/Hazards-and-Cleanup/Pages/Asbestos-Information.aspx>.

***Asbestos in a damaged state can cause health problems. Items that commonly contain asbestos include: popcorn ceiling texture, cement siding and vinyl flooring, insulated furnace ducts, wood stove door gaskets, asbestos cement roofing and panels, patching and joint compounds, textured paints and house insulation (other than fiberglass insulation). This is not a complete list. Contact DEQ for more information.***

3. **SEPTIC SYSTEMS**—If the septic system for the demolished structure is abandoned, the septic system is required to be decommissioned. The applicant shall have the septic tank, cesspool or seepage pit pumped by a licensed sewage disposal service to remove all seepage. **Provide a record of the tank pumping to the Environmental Health Division** (541-766-6841). Once pumped, the container shall then be filled with reject sand, bar run gravel, or other material approved by Benton County Environmental Health or the container shall be removed and properly disposed.
4. **OTHER UTILITIES**—Remove and cap water, gas and other utility lines at the service entrance to the property. In the event a well is to be abandoned, the applicant must contact the Oregon Water Resources Department at 503-986-0889 or online at [www.wrd.state.or.us](http://www.wrd.state.or.us) for specific abandonment requirements. This may include removal of casement or capping the well with concrete. Contact utility companies to terminate services to the site, if needed.
5. **OTHER CONSIDERATIONS**—If demolition occurs in areas where pedestrians may be present, suitable barriers and other protective measures must be provided and approved by the building official. In the event the demolition will interrupt or interfere with traffic flow on an adjoining street or public way, adequate signs and traffic controls must be provided and approved by the City Public Works Department at 541-929-3579 (if your driveway access is off a county or public road) or Oregon Department of Transportation (ODOT) at 541-757-4166 (if your driveway access is off a state highway).

### Signature(s)

I hereby certify that the information contained in this application is accurate to the best of my knowledge; and that the proposed use would not violate any deed restrictions attached to the property. All owners of the property must sign this application or a statement authorizing the applicant to act for the owner must accompany the application.

Applicant Signature	Date
Co-Applicant or Property Owner Signature	Date

*For Office Use Only*

Date Application Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_

Permitting File Number: \_\_\_\_\_

- Site plan attached showing utility cap-off locations.
- Hazardous materials certificate received.
- Water & Sewer confirmed with Utilities. \_\_\_\_\_
- Sewer cap-off inspected by Public Works.
- Historical check:  Benton County  City  N/A
- Verify property taxes up to date: Acct# \_\_\_\_\_ Date: \_\_\_\_\_

Building Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Public Works Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department Approval (*if needed*): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**