

DEMOLITION PERMIT APPLICATION

KITSAP COUNTY

DEPARTMENT OF COMMUNITY DEVELOPMENT PERMIT # _____

ASSESSOR'S ACCT. # _____

OWNER'S NAME: _____ PHONE: _____

OWNER'S PRESENT MAILING ADDRESS: _____

TYPE OF STRUCTURE TO BE DEMOLISHED: RESIDENCE GARAGE SHED COMMERCIAL OTHER _____

SITE ADDRESS: _____

STRUCTURE SERVED BY SEPTIC SEWER - A SEWER PLUG LETTER IS REQUIRED FROM SEWER DISTRICT AT SUBMITTAL

WHAT EXISTING BUILDINGS WILL REMAIN ON PROPERTY: _____

ANY WATER ON OR ADJACENT TO PROPERTY SALTWATER CREEK POND LAKE WETLAND OTHER _____

LENDERS INFORMATION OR PRIME CONTRACTOR'S BONDING AGENCY AND CONTRACTOR REGISTRATION

LENDER/BOND INFORMATION REQUIRED IF CONSTRUCTION FINANCING COST EXCEED \$5,000 DOLLARS

APPLICANT WILL PROVIDE PRIOR TO PERMIT ISSUANCE

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CONTRACTOR: _____

LENDER OR BONDING AGENCY

ADDRESS: _____

BOND MUST BE = OR > 50% OF CONSTRUCTION COST

CITY, ST. ZIP: _____

NAME: _____

PHONE: _____

ADDRESS: _____

CONTRACTORS LIC#: _____

CITY, ST. ZIP: _____

PHONE: _____

PHONE: _____

DEMOLITION OF ALL STRUCTURES REQUIRES THE APPLICANT TO NOTIFY THE PUGET SOUND CLEAN AIR AGENCY PRIOR TO DEMOLITION:

DEMOLITION OF A MANUFACTURED STRUCTURE WILL REQUIRE YOU TO BRING A COPY OF THE WASHINGTON STATE LABOR AND INDUSTRIES DEMOLITION PERMIT TO SUBMIT WITH YOUR THIS APPLICATION:

I understand that applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and other data submitted for review may thereafter be returned to the applicant or destroyed by the Building Official. (Sec. R105.3.2 IRC, 105.3.2 IBC)

OWNER/AGENT SIGNATURE: _____ DATE: _____

OWNER/AGENT PRINTED: _____ DATE: _____

CONTACT NAME (If different than above): _____ PHONE: _____

COMMERCIAL CONTRACTOR'S ESTIMATE:	\$ _____
COMMERCIAL PLAN REVIEW FEE:	\$ _____
COMMERCIAL BUILDING PERMIT FEE:	\$ _____
RESIDENTIAL BUILDING PERMIT FEES:	\$ _____
STATE SURCHARGE FEE:	\$ _____
EROSION CONTROL FEES:	\$ _____
TOTAL FEES:	\$ _____

BUILDING APPROVAL

CORRECTIONS REQUIRED _____
CORRECTIONS REQUIRED: _____
APPROVED AS REVISED _____
APPROVED _____
EROSION CONTROL _____
SEWER LETTER: _____

MISCELLANEOUS APPROVAL

WATER SYS. APP. _____
SCHOOL DIST. # _____
CENSUS TRACT _____
CODE ENFORCEMENT _____
APPROVED _____

PLANNING APPROVAL

CRITICAL AREAS _____
SHORELINES _____
SETBACKS FRONT _____
SIDE _____

TO BE FILLED OUT BY APPLICANT

FOR OFFICE USE ONLY