



CITY OF WOODINVILLE

Development Services Department

425-489-2754 • 17301 133rd Avenue NE • Woodinville, WA 98072

Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm

DEMOLITION PERMIT APPLICATION

PROJECT/ TENANT NAME:		PERMIT NO:
PROJECT ADDRESS:	Unit #	PARCEL NO:
OWNER INFORMATION		PRIMARY CONTACT / AGENT
NAME:	NAME:	
ADDRESS:	ADDRESS:	
PHONE NUMBER:	PHONE NUMBER:	
EMAIL ADDRESS:	EMAIL ADDRESS:	
CONTRACTOR NAME:		
ADDRESS:		
PHONE NUMBER:	EMAIL ADDRESS:	
LICENSE NUMBER & EXPIRATION DATE:		
PROJECT INFORMATION		
TYPE OF STRUCTURE:	<input type="checkbox"/> Single Family <input type="checkbox"/> Accessory <input type="checkbox"/> Interior <input type="checkbox"/> Commercial <input type="checkbox"/> Public <input type="checkbox"/> Historical (as designated by County, or Federal Government)	
SCOPE OF WORK:		
YEAR BUILT:	SEPTIC TANKS: <input type="checkbox"/> Yes <input type="checkbox"/> No	FUEL TANKS: <input type="checkbox"/> Yes <input type="checkbox"/> No
SAFETY MEASURES TO BE PROVIDED DURING DEMOLITION: (flaggers, fencing, signage, etc.)		
NOTE: Contact Puget Sound Clean Air Agency (PSCAA) to determine if an Asbestos Removal Report is required with permit application submittal. DATE OF REPORT: _____		

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge. I further agree to hold harmless the City of Woodinville as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Woodinville, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.

Applicant

Date