



6000 Main St. SW, Lakewood, WA 98499
 Phone: (253) 512-2261

DEMOLITION PERMIT APPLICATION

Number Required:	Description of Required Documents:
1	DEMOLITION APPLICATION FORM
1	DEMOLITION PERMIT FEE
1	ASBESTOS SURVEY (CONDUCTED BY AN AHERA-CERTIFIED BUILDING INSPECTOR)
1	NOTICE OF INTENT FORM (COMPLETED AND FILED WITH THE PUGET SOUND CLEAN AIR AGENCY)
1	ASBESTOS REPORT (REPORT MUST IDENTIFY MATERIAL CONTAINING ASBESTOS AND MUST SHOW PROOF OF REMOVAL)
1	SEWER CAPPING PERMIT OR SEPTIC DECOMMISSIONING PERMIT – PIERCE COUNTY
1	WATER DISCONNECT – LAKEWOOD WATER (MUST SUBMIT WRITTEN DOCUMENTATION)
1	SITE PLAN TO SCALE (SHOW ALL STURCTURES ON SITE)
1	DISPOSAL AUTHORIZATION (WRITTEN AUTHORIZATION FROM LEMAY REFUSE FOR THE REMOVAL AND DISPOSAL OF DEBRIS) LEMAY REFUSE ATTENTION: CHARLIE MAXWELL 13502 PACIFIC AV S TACOMA, WA 98448 OFFICE: (253) 575-5881 CELL: (253) 405-9014 FAX: (253) 875-5892 E MAIL: CHARLIEM@WASTECONNECTIONS.COM

REMEMBER TO SCHEDULE ELECTRICAL DISCONNECT PRIOR TO DEMOLITION.



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DEMOLITION PERMIT APPLICATION

SITE ADDRESS: _____

TAX PARCEL NO.: _____

PROPERTY OWNER/TENANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

APPLICANT: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

Will the applicant be the contact person? YES or NO **If other, please specify below:**

Contact Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____

CONTRACTOR: (mandatory)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Fax No.: _____

City/State/Zip: _____ License No.: _____

Expiration Date: _____

TYPE OF BUILDING: (please circle) **RESIDENTIAL STRUCTURE** or **COMMERCIAL BUILDING**

WORK DESCRIPTION: _____

DISPOSAL SITE: _____ **PROJECT COST \$** _____

OFFICE USE ONLY:

PERMIT #: _____ BUSINESS LICENSE #: _____

TITLE: _____ BIN #: _____

ZONE: _____ ZONING USE TYPE: _____

DATE PERMIT APPLICATION RECEIVED: _____ RECEIVED BY: _____

AUTHORIZED AGENT/OWNER SIGNATURE:

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed, or I am acting as the owner's authorized agent. I further agree to hold harmless the City of Lakewood as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Lakewood, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

Signature of Authorized Agent/Owner

Date

DOCUMENTS REQUIRED PRIOR TO ISSUANCE OF DEMOLITION PERMIT:

- **PSAPCA CHECKLIST**
- **SEWER CAPPING PERMIT OR SEPTIC DECOMMISSIONING**

REMEMBER TO SCHEDULE WATER AND ELECTRICAL DISCONNECT PRIOR TO DEMOLITION.