

# DEMOLITION PERMIT APPLICATION



PLANNING & BUILDING  
DEPARTMENT  
201 CENTER ST. W  
EATONVILLE WA 98328  
360-832-3361 EXT 114

**PERMIT NUMBER:** \_\_\_\_\_

**WORK TYPE:** \_\_\_\_\_ NEW \_\_\_\_\_ ADDITION \_\_\_\_\_ REMODEL \_\_\_\_\_ OTHER: \_\_\_\_\_

<b>SITE ADDRESS</b>		PROJECT VALUATION
PARCEL NUMBER		
<b>APPLICANT</b>	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
<b>PROPERTY OWNER</b>	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
<b>CONTRACTOR</b>	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE
<b>PROJECT DESCRIPTION</b>		

## REQUIRED SUBMITTALS

\_\_\_\_\_ 2 SITE PLANS – 11X17

\_\_\_\_\_ ASBESTOS REPORT

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: \_\_\_\_\_

Owner \_\_\_\_\_ Agent/Other \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_