



Planning & Community Development  
 1812 Main Street, P O Box 257  
 Lake Stevens WA 98258  
 Phone Number: 425-622-9434

## DEMOLITION PERMIT APPLICATION

To Be Completed By Staff:  
 Date of Application: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_

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

**APN:** \_\_\_\_\_

**PUGET SOUND CLEAN AIR AGENCY PERMIT REQUIRED FOR ACCEPTANCE OF THIS APPLICATION - THEY MAY BE REACHED AT [www.pscleanair.org](http://www.pscleanair.org)**

### Demolition Permit Requirements:

- PUGET SOUND CLEAN AIR AGENCY PERMIT WITH ASBESTOS MITIGATION REPORT
- STATEMENT OF OWNERSHIP FORM
- A SITE PLAN
- FEE OF \$83.75

<b>Property Owner:</b>	<b>Demolition Contractor</b>
<b>Owner Mailing Address</b>	<b>Contractor Mailing Address</b>
<b>Owner Daytime Phone Number</b>	<b>Contractor Daytime Phone Number</b>
<b>Owner Email Address:</b>	<b>Contract Email Address:</b>
<b>Current Use of Structure to be Demolished</b>	<b>Contractor State License Number</b>
<b>Square footage of Structure</b>	<b>Contractor State License Expiration Date:</b>
<b>Applicant Signature/Date:</b>	<b>Contractor City License Number:</b>

### FINAL INSPECTION IS NECESSARY UPON COMPLETION OF DEMOLITION

This application is received by the Building Official under the provisions of the International Building/Residential Codes and shall expire by limitation and become null and void if permit is not obtained within 180 days of this application. By affixing my initials, I certify that I am the legal owner of the property for which this application is issued or an authorized agent of the owner. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not including calls for inspections.

**Applicant Initial** \_\_\_\_\_