CITY OF NEWPORT

Community Development Dept. 169 SW Coast Hwy Newport, OR 97365 (541) 574-0629 (541)574-0644 Fax

INSP: BuildingPermits.Oregon.gov or phone: 1-888-299-2821

DEMOLITION PERMIT APPLICATION

Applications may be obtained online at:

www.newportoregon.gov/business/formsAppsPermits.asp

1.	Job	Informatio	on (where	work is	s taking p	ာlace)
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	Job Site Address:				
	Existing Use:	xisting Use: Approx. Date of Demolition:			
	Reason for Demolition:				
	Number of Structures: _	Square Footage:			
	Building Height:	# of Plumbing Fixtures:			
	Water Service: Ci	ty Water Well No Connection			
	Sanitary Sewer: C	city Sewer Septic System No Connection			
	Power: Electricity	Natural Gas Heating Oil No Connection			
2.	Contact Person (receives permit correspondence)				
	Name of Person:				
	Phone #:	Email:			
3.	Property Owner:				
	Owner Mailing Address:				
	Phone #:	Email:			
4.	Contractor Information (person/co performing the work)				
	Name of Contractor:				
	OR CCB # (Req'd):				
	City Business License # (Req'd):				

Office Use Only	
Permit #:	

DEMOLITION CHECKLIST					
Asbestos Survey					
0	Survey performed unless exempt (see below)				
	Water Supply				
0	Meter to be removed				
0	Meter to remain and be protected				
0	Do not disconnect				
0	Private well to be filled and capped				
0	Private well to be used for other purpose				
	Sewer				
0	Sewer lateral to be capped/plugged at main, with excavation or filling				
_	of remaining pipe. Right of way permit required Existing lateral to remain and be used. Video of condition required				
0	No Connection				
U	No connection				
	Septic System				
0	Tank to be removed				
0	Tank to be drained and filled				
	Electrical Supply				
0	Electricity to be shut-off and meter removed				
	Gas				
0	Gas to be shut-off and meter removed				
	Cofety, Familia				
0	Safety Fencing Perimeter fencing installed where adjacent to right-of-way or work is				
0	likely to take more than 48 hours to complete				
	mery to take more than 40 hours to complete				
	Existing Foundation				
0	Foundations destroyed and removed				
0	Site regraded and seeded				

Additional Comments or Information:

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Asbestos Removal: The Department of Environmental Quality (DEQ) requires an Asbestos Survey before a structure is demolished or intentionally burned. Residential buildings with four or fewer units that were constructed after January 1, 2004 are exempt from this requirement. Only an accredited inspector perform asbestos survey. Additional information is available DEQ's asbestos information http://www.deg.state.or.us/aq/asbestos/business.htm. You may also contact their Salem office at (503) 378-5086.

Qty:

TOTAL:

Waste Disposal: The City of Newport has a waste management agreement with Thompson Sanitary Services. Property owners may use their own equipment to transport and dispose of construction waste in conjunction with demolition activities to an authorized disposal or waste recovery site. Licensed contractors may also use their own equipment provided no more than twelve (12) cubic yards of waste is hauled at any time or in any one piece of equipment. Otherwise a container must be obtained or other arrangements made with Thompson Sanitary (541) 265-7249. If a container is to be placed within the right-of-way, then a permit will need to be obtained from the Newport Public Works Department (541) 574-3378.

Wells: The Oregon Water Resources Department should be contacted if you plan to abandon an existing well. They can be reached at (503) 986-0851.

Sewer and Septic Systems: A plumbing permit is required when capping off a sewer line on private property. If the waste disposal system is a septic system, then the Lincoln County Sanitarian should be contacted at 541-265-4192.

Gas and Electricity Shutoff: To disconnect gas service contact NW Natural at 800-422-4012. Contact Central Lincoln PUD to disconnect electrical service (541) 265-3211.

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I hereby certify that I have read & examined this application & know the same to be true & correct. All provisions of laws & ordinances governing this type of work will be complied with whether specified herein or not.

By attaching my signature below, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form.

I agree	Authorized Signature:	Date:
	Print Name:	