



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

Office Use Only
Permit #:

DEMOLITION PERMIT APPLICATION

Applications may be obtained online at:
www.newportoregon.gov/business/formsAppsPermits.asp

1. Job Information (where work is taking place)

Job Site Address: _____
 Existing Use: _____ Approx. Date of Demolition: _____
 Number of Structures _____ Square Footage _____

2. Contact Person (receives permit correspondence)

Name of Person: _____
 Full Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____ Email: _____

3. Property Owner:

Owner Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____ Email: _____

4. Contractor Information (person/co performing the work)

Name of Contractor: _____
 Full Mailing Address: _____
 City/State/Zip: _____
 OR CCB # (Req'd): _____
 City Business License # (Req'd): _____

DEMOLITION CHECKLIST
Asbestos Survey
<input type="checkbox"/> Survey performed unless exempt (see below)
Water Supply
<input type="checkbox"/> Meter to be removed
<input type="checkbox"/> Meter to remain and be protected
<input type="checkbox"/> Private well to be filled and capped
<input type="checkbox"/> Private well to be used for other purpose
Sewer
<input type="checkbox"/> Sewer to be capped
<input type="checkbox"/> Existing line to remain and be used
Septic System
<input type="checkbox"/> Tank to be removed
<input type="checkbox"/> Tank to be drained and filled
Electrical Supply
<input type="checkbox"/> Electricity to be shut-off and meter removed
Gas
<input type="checkbox"/> Gas to be shut-off and meter removed
Safety Fencing
<input type="checkbox"/> Perimeter fencing installed where adjacent to right-of-way or work is likely to take more than 48 hours to complete
Existing Foundation
<input type="checkbox"/> Foundations destroyed and removed
<input type="checkbox"/> Site regraded and seeded

FEE: \$100 residential/small structure or \$250 per large commercial (over 4,000 sq. ft.)
 Qty: _____ TOTAL: _____

Additional Comments or Information:

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 may perform an asbestos survey. Additional information is available on DEQ's asbestos information page: <http://www.deq.state.or.us/aq/asbestos/business.htm>. You may also contact their Salem office at (503) 378-5086.

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: _____