



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

# DEMOLITION PERMIT APPLICATION

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

**REMEMBER TO SCHEDULE ELECTRICAL DISCONNECT PRIOR TO DEMOLITION.**



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

**BLDG #:** \_\_\_\_\_ **STE #:** \_\_\_\_\_ **APT #:** \_\_\_\_\_ **UNIT #:** \_\_\_\_\_

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

**OFFICE USE ONLY:**

PERMIT #: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

TITLE: \_\_\_\_\_ BIN #: \_\_\_\_\_

ZONE: \_\_\_\_\_ ZONING USE TYPE: \_\_\_\_\_

DATE PERMIT APPLICATION RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_



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DATE APPLICATION COMPLETE: \_\_\_\_\_ COMPLETENESS REVIEW 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.**

~~ACTION REQUIRED PRIOR TO ISSUANCE OF DEMOLITION PERMIT:~~

~~WATER DISCONNECT~~

~~ELECTRICAL DISCONNECT~~