## DEMOLITION PERMIT APPLICATION

**Number Required:**  
**Description of Required Documents:**  

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>DEMOLITION APPLICATION FORM</td>
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<tr>
<td>1</td>
<td>DEMOLITION PERMIT FEE</td>
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</tbody>
</table>
| 1      | ASBESTOS SURVEY  
(CONDUCTED BY AN AHERA-CERTIFIED BUILDING INSPECTOR) |
| 1      | NOTICE OF INTENT FORM  
(COMPLETED AND FILED WITH THE PUGET SOUND CLEAN AIR AGENCY) |
| 1      | ASBESTOS REPORT  
(REPORT MUST IDENTIFY MATERIAL CONTAINING ASBESTOS AND MUST SHOW PROOF OF REMOVAL) |
| 1      | SEWER CAPPING PERMIT OR SEPTIC DECOMMISSIONING PERMIT – PIERCE COUNTY |
| 1      | WATER DISCONNECT – LAKewood WATER  
(MUST SUBMIT WRITTEN DOCUMENTATION) |
| 1      | SITE PLAN TO SCALE  
(SHOW ALL STRUCTURES ON SITE) |
| 1      | DISPOSAL AUTHORIZATION  
(WRITTEN AUTHORIZATION FROM LEMAY REFUSE FOR THE REMOVAL AND DISPOSAL OF DEBRIS) |

**LEMAY REFUSE**  
ATTENTION: CHARLIE MAXWELL  
13502 PACIFIC AV S  
TACOMA, WA 98448  
OFFICE: (253) 875-5881  
CELL: (253) 405-9014  
FAX: (253) 875-5892  
E MAIL: CHARLIEM@WASTECONNECTIONS.COM

REMEMBER TO SCHEDULE ELECTRICAL DISCONNECT PRIOR TO DEMOLITION.
SITE ADDRESS: ____________________________________________________________

TAX PARCEL NO.: ________________________________________________________

PROPERTY OWNER/TENANT: (mandatory)
Name: ___________________________________________ Daytime Phone: ___________
Mailing Address: __________________________________ Email: ______________________
City/State/Zip: ____________________________________________________________

APPLICANT: (mandatory)
Name: ___________________________________________ Daytime Phone: ___________
Mailing Address: __________________________________ Email: ______________________
City/State/Zip: ____________________________________________________________

Will the applicant be the contact person? YES or NO If other, please specify below:
Contact Name: ___________________________ Daytime Phone: ______________________
Mailing Address: __________________________ Email: _____________________________
City/State/Zip: ______________________________

CONTRACTOR: (mandatory)
Name: ___________________________________________ Daytime Phone: ___________
Mailing Address: __________________________________ Email: ______________________
City/State/Zip: __________________________________________ License No.: ___________
Expiration Date: ______________________________

TYPE OF BUILDING: (please circle) RESIDENTIAL STRUCTURE or COMMERCIAL BUILDING
WORK DESCRIPTION: ______________________________________________________

DISPOSAL SITE: _______________________________ PROJECT COST $ _____________

OFFICE USE ONLY:
PERMIT #: ___________________ BUSINESS LICENSE #: ________________________
TITLE: ________________________________ BIN #: ____________________________
ZONE: ______________________________ ZONING USE TYPE: ______________________
DATE PERMIT APPLICATION RECEIVED: ______________ RECEIVED 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 ELECTRICIAL DISCONNECT PRIOR TO DEMOLITION.