



# Demolition Permit Application

BA-04  
APPLICATION

**Community Development Department**  
501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) [permits@ci.ellensburg.wa.us](mailto:permits@ci.ellensburg.wa.us)

| PROJECT LOCATION:     |       |
|-----------------------|-------|
| <b>Site Address:</b>  |       |
| <b>Parcel Number:</b> | _____ |

| OFFICIAL USE ONLY: |  |
|--------------------|--|
| Staff Person:      |  |
| Date Applied:      |  |
| <b>PERMIT #:</b>   |  |

| PROPERTY OWNER:        |                                      |                                     |                                 |
|------------------------|--------------------------------------|-------------------------------------|---------------------------------|
| Name:                  |                                      | Day Phone:                          |                                 |
| Mailing Address:       |                                      |                                     |                                 |
| E-mail:                |                                      | Cell Phone:                         |                                 |
| <b>*APPLICANT:</b>     | <input type="checkbox"/> Owner       | <input type="checkbox"/> Contractor | <input type="checkbox"/> Tenant |
|                        | <input type="checkbox"/> Other _____ |                                     |                                 |
| Name:                  |                                      | Day Phone:                          |                                 |
| Mailing Address:       |                                      |                                     |                                 |
| E-mail:                |                                      | Cell Phone:                         |                                 |
| <b>CONTACT PERSON:</b> | <input type="checkbox"/> Owner       | <input type="checkbox"/> Contractor | <input type="checkbox"/> Tenant |
|                        | <input type="checkbox"/> Other _____ |                                     |                                 |
| Name:                  |                                      | Day Phone:                          |                                 |
| Mailing Address:       |                                      |                                     |                                 |
| E-mail:                |                                      | Cell Phone:                         |                                 |
| CONTRACTOR:            |                                      |                                     |                                 |
| Name:                  |                                      | Day Phone:                          |                                 |
| Mailing Address:       |                                      |                                     |                                 |
| E-mail:                |                                      | Cell Phone:                         |                                 |
| Contractor License No: |                                      | Expiration Date:                    |                                 |
| Business License No:   |                                      | Expiration Date:                    |                                 |

| PERSON PERFORMING THE WORK:  |
|--|
| <input type="checkbox"/> I am currently registered and properly licensed as a <b>CONTRACTOR</b> or <b>SPECIALITY CONTRACTOR</b> as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit; or  |
| <input type="checkbox"/> I am an <b>AUTHORIZED AGENT</b> of the property owner and all work will be done by a properly licensed contractor or a speciality contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit; or  |
| <input type="checkbox"/> I am <b>EXEMPT</b> from the requirements of the Contractor Registration laws, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I will do all of my own work or use all registered and licensed contractors and/or speciality contractors in connection with the work to be performed under the permit applied herein. |
| For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-800-647-0982 (or) <a href="http://www.lni.wa.gov">www.lni.wa.gov</a> (or) <a href="http://www.lni.wa.gov/TradesLicensing/Contractors/HireCon/">www.lni.wa.gov/TradesLicensing/Contractors/HireCon/</a> .                                 |

**PROJECT INFORMATION:**

|   |  |          |  |  |  |
|---|--|----------|--|--|--|
| Type of Structure Demolished #1:  |  | Sq./Ft.: |  | Value:   |  |
| Type of Structure Demolished #2:  |  | Sq./Ft.: |  | Value:   |  |
| Anticipated date of demolition?   |  |          |  |  |  |
| Will other structures be affected by the utilities disconnect?                      |  |          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Will another structure be constructed on this lot after the demolition is complete? |  |          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If another structure will be constructed, how long before you submit for a permit?  |  |          |  |  |  |

**NOTICE:** If ASBESTOS or LEAD PAINT may be present in a structure and will be disturbed during renovation, modification, remodeling and/or demolition work, it poses a serious public and worker health hazard and you will need to comply with all applicable Washington State and Federal laws and regulations. Prior to commencing any renovation, modification, remodeling and/or demolition work on a structure containing asbestos and/or lead based paint, please contact the following agencies for all information and requirements for permitting, reporting, surveys, notifications and any other requirements necessary for compliance with all Washington State and Federal laws and regulation.

**ASBESTOS****Washington State Department of Labor & Industries**

519 Grant Road,  
East Wenatchee, WA 98802-5459.  
PHONE: **(509) 886-6500**  
TOLL FREE: **1-800-292-6512**  
FAX: **(509) 886-6510**  
www.lni.wa.gov/  
E-mail: sally.ward@lni.wa.gov (or) mark.wilson@lni.wa.gov

**Washington State Department of Ecology  
Central Regional Office**

15 W Yakima Ave, Suite 200,  
Yakima, WA. 98902-3452  
PHONE: **(509) 575-2490**  
FAX: **(509) 575-2809**  
www.ecy.wa.gov/

**LEAD PAINT****Washington State Department of Commerce**

PO Box 42525,  
Olympia, WA 98504-2525  
PHONE: **(360) 586-5323**  
FAX: **(360) 586-0489**  
www.commerce.wa.gov/  
E-mail: lbpinfo@commerce.wa.gov

**U.S. Environmental Protection Agency (EPA)**

**1200 Sixth Ave, Suite 900**  
Seattle, WA 98101  
PHONE: **(206) 553-1200**  
TOLL FREE: **1-800-242-4372**  
www.epa.gov

**Disposal**

**Greater Wenatchee Landfill & Recycling Center**  
191 Webb Rd  
East Wenatchee, WA 98802  
PHONE: **(509) 884-2802**

<http://wmnorthwest.com/landfill/wenatchee.htm>

## UTILITY REQUIREMENTS/QUESTIONNAIRE

Utilities **MUST** be disconnected and meters removed prior to approval of the permit with the exception of City Water. In addition to the Demolition Permit, a Sewer Permit and Gas Abandonment Application is **REQUIRED** by the Public Works and Utilities Department.

|       |   |
|-------|---|
| SEWER | <input type="checkbox"/> Date Applicant will be disconnecting sewer: _____<br><b>OR</b><br><input type="checkbox"/> Applicant will contact City Sewer Division (509-962-7230) at a later date to schedule disconnection (minimum of 5 working days advance notice)  |
| POWER | <input type="checkbox"/> Date Applicant would like power disconnected and meter removed: _____<br><b>OR</b><br><input type="checkbox"/> Applicant will contact City Light Division (509-962-7124) at a later date to schedule disconnection (minimum of 5 working days advance notice)  |
| GAS   | <input type="checkbox"/> No gas to building<br><b>OR</b><br><input type="checkbox"/> Date Applicant would like gas disconnected and removed: _____<br><b>OR</b><br><input type="checkbox"/> Applicant will contact City Gas Division (509-962-7124) at a later date to schedule disconnection (minimum of 5 working days advance notice)                            |
| WATER | <input type="checkbox"/> Applicant would like to leave water connected<br><b>OR</b><br><input type="checkbox"/> Date Applicant would like to have water disconnected: _____<br><b>OR</b><br><input type="checkbox"/> Applicant will contact City Water Division (509-962-7230) at a later date to schedule disconnection (minimum of 5 working days advance notice) |

### APPLICANT CERTIFICATION:

\* I certify that I am the **owner** of the property described above (or) the owner(s) **authorized agent** and I have been given express permission by the owner(s) of the property to submit this application for permit and that I am authorized by the owner(s) of this property to perform the work for which the application is made and I comply with the requirements of the Washington State Contractors Act, per RCW 18.27. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Ellensburg, state and federal regulations and laws pertaining to the work authorized by the issuance of a permit. I understand that issuance of this permit does not remove the owner's responsibility for compliance with state or federal laws regulating construction, land use or environmental laws.

|  |  |              |  |
|--|--|--------------|--|
| <b>Signature of Applicant:</b><br>Owner (or)<br>Authorized Agent |  | <b>Date:</b> |  |
| <b>Print Name:</b>   |  |              |  |

**NOTICE:** An application for a permit for any proposed work shall be deemed to have been abandoned (and expire) 180 days after the date of filing unless such application has been pursued in good faith or a permit has been issued.