



## DEMOLITION PERMIT APPLICATION City of Woodinville

**Development Services Department**  
**425-489-2754 • 17301 133rd Avenue NE • Woodinville, WA 98072**  
**Desk Hours • Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm**

<b>PROJECT ADDRESS</b> (include unit/suite #)		<b>PERMIT NO:</b>
<b>PROJECT NAME/TENANT NAME</b>		<b>PARCEL NO.</b>
<b>OWNER NAME AND PHONE NUMBER</b>		<b>ADDRESS (include CITY, STATE, ZIP)</b>
<b>PRIMARY CONTACT NAME:</b>		<b>ADDRESS (including CITY, STATE, ZIP)</b>
<b>PRIMARY CONTACT PHONE NUMBER:</b>		<b>PRIMARY CONTACT EMAIL ADDRESS:</b>
<b>CONTRACTOR:</b>		<b>CONTRACTOR ADDRESS (include CITY, STATE, ZIP):</b>
<b>CONTRACTOR PHONE NUMBER AND EMAIL ADDRESS:</b>		<b>LICENSE NUMBER &amp; EXPIRATION DATE</b>
<b>TYPE OF STRUCTURE TO BE DEMOLISHED:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Accessory <input type="checkbox"/> Commercial <input type="checkbox"/> Public <input type="checkbox"/> Historical (designated by County, State, or Federal government) <input type="checkbox"/> Interior		
<b>Year built:</b>	<b>Number of floors and/or walls of structure to be demolished:</b>	<b>Number of structure(s) to be demolished:</b>
<b>Septic Tanks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Fuel Tanks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Safety Measures to be provided during demolition (e.g. flaggers, fencing, straw bale, signage):</b>		
<b>Note: Contact Puget Sound Clean Air Agency (PSCAA) to determine if Asbestos Removal Report is required with permit application submittal.</b>  <b>Date of Report:</b> _____		

***I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge. I further agree to hold harmless the City of Woodinville as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Woodinville, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.***

\_\_\_\_\_  
 OWNER / OWNER'S AGENT - Must sign in ink

\_\_\_\_\_  
 DATE