



City of Sweet Home

Community and Economic Development Department- Building Program

3225 Main Street, Sweet Home OR 973686 541-367-7993 e-Permits: BuildingPermits.Oregon.gov

DEMOLITION PERMIT APPLICATION

JOB SITE INFORMATION – PLEASE COMPLETE HIGHLIGHTED AREAS	
Job site address:	
STRUCTURE INFORMATION:	
<input type="checkbox"/> Square footage: _____	<input type="checkbox"/> Current Use: _____
<input type="checkbox"/> Utilities to be capped – water / sewer /well	<input type="checkbox"/> Water meter present? _____
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1 and 2 family dwelling	<input type="checkbox"/> Commercial / industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi – family
<input type="checkbox"/> Temporary Structure	<input type="checkbox"/> Other: _____
METHOD OF REMOVAL OF STRUCTURE:	
Approx. Age or Year Structure was built: _____	
Approx. value removed from Tax Roll: \$ _____	
Hazardous Materials present (such as asbestos)? _____	
PROPERTY OWNER	
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: () _____	E-mail: _____
Owner Signature required (or copy of agreement/contract) if applicant is not owner: X _____	
APPLICANT (Fill out if applicant is not owner)	
Name: _____	
Address: _____	
City/State/ZIP: _____	
Phone: () _____	E-mail: _____
CONTRACTOR	
General Contractor:	
Address: _____	
City/State/ZIP: _____	
Phone: () _____	CCB # _____ Exp date: _____
E-mail: _____	
NOTICE	
ALL CONTRACTORS AND SUBCONTRACTORS ARE REQUIRED TO BE LICENSED WITH THE OREGON CONSTRUCTION CONTRACTORS BOARD UNDER ORS 701. THIS PERMIT APPLICATION EXPIRES WITHIN 180 DAYS IF, A PERMIT IS NOT OBTAINED AFTER THE APPLICATION HAS BEEN ACCEPTED AS COMPLETE.	
Signature of Applicant: _____ Dated: _____	

MAP & TAX NO.
PERMIT NO.
DEMOLITION PERMIT FEES:
Structure removal - 1 st 1,000 sq.ft. \$50.00
Each add'l 1,000 sq.ft. or fraction of: \$15.00
Plumbing Fixture Capping Fee (water/sewer/storm) \$20.00 per fixture (plus 12% State Surcharge fee)
(Electrical disconnect – PPL responsibility)
TOTAL:
FOR OFFICE USE ONLY – DEPARTMENT REVIEWS
DEPT. Date Sent Approved Hold
Building _____
Planning _____
Engineering _____
A-Level Plumbing _____
Fire/Life/Safety _____
Fire – City / State _____
FEES DUE WITH APPLICATION
TOTAL: \$