

# City of Prescott Demolition Permit Application

Please submit your application to City of Prescott, 72742 Blakely Street, Prescott, OR 97048

*This section is for city staff use only*

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Payment for permit received : \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date approved/denied: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Structure that applicant would like to demolish (include description and location) \_\_\_\_\_

Reason for demolition: \_\_\_\_\_

Method for demolition: \_\_\_\_\_

Lot size: \_\_\_\_\_ Building size: \_\_\_\_\_

Age \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Intent for property after demolition: \_\_\_\_\_

(Please note that you must submit a Development Application for any new structure being built)

Method of disposal for all demolition debris, especially hazardous materials: \_\_\_\_\_

If the property is to remain vacant, a detailed listing of all utilities to the property and the method for properly disconnecting, securing or capping the utility connections, as appropriate.

Destruction Company Name: \_\_\_\_\_

State of Oregon CCB# \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Type of equipment required \_\_\_\_\_

Date of destruction \_\_\_\_\_

*I will contact the City if necessary to remove the water meter and I will cap the sewer if necessary. I will not damage any real or personal property upon, along, or adjacent to the property involved while destroying this building, and in case any damage is so caused, I will pay therefore.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**City Staff**

I, \_\_\_\_\_ City of Prescott Building Official, have reviewed the above application and submitted it to the building committee. I find the request to be compatible with acknowledged local planning requirements. This application is approved as proposed above including the attached additional requirements if applicable.

Conditions of approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building Official \_\_\_\_\_ Date: \_\_\_\_\_

City Water Official: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Officials if necessary:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_