



DOUGLAS COUNTY
TRANSPORTATION & LAND SERVICES

140 19TH STREET NW, SUITE A • EAST WENATCHEE, WA 98802-4191

PHONE: 509/884-7173 • FAX: 509/886-3954

www.douglascountywa.net

**Beginning July 10, 2017, permit
application intake and permit
issuance will end at 4:00 PM daily.**

**This allows more time to make
sure applications are complete to
reduce later delays in processing
and to better assist applicants
with questions.**

DOUGLAS COUNTY
TRANSPORTATION AND LAND SERVICES

**DEMOLITION PERMIT
APPLICATION**

Application
received: _____ by _____

140 19th Street N.W.
East Wenatchee, WA. 98802
(509) 884-7173

Please submit this application and all pertinent information to the Permit Center Office
(revised 6/16/00)

PROPERTY OWNER

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____

CONTRACTOR

NAME: _____
LICENSE NUMBER: _____
(ATTACH A COPY OF LICENSE)
ADDRESS: _____
CITY: _____
ADDRESS: _____
STATE: _____ ZIP: _____
PHONE: _____

PROJECT ADDRESS: _____

PARCEL NUMBER: _____ SECTION _____ TOWNSHIP _____ RANGE _____

LEGAL DESCRIPTION: _____ SETBACKS: FRONT _____ SIDE _____ REAR _____

LOT SIZE: _____ ZONING: _____

DESCRIBE PROJECT: _____

TOTAL NUMBER OF STRUCTURES TO BE REMOVED: _____ VALUE OF PROJECT: _____

NUMBER OF STRUCTURES TO REMAIN: _____ SEPTIC TANK: reuse, remove or fill _____

REMOVAL OF UNDERGROUND FUEL STORAGE TANK : _____ DOE NOTIFICATION/APPROVAL: _____

IS ASBESTOS PRESENT AT SITE?: _____ DOE NOTIFICATION/APPROVAL: _____

DESTINATION AND QUANTITY OF DEMOLITION WASTE TO BE REMOVED: _____

SOURCE OF WATER FOR DUST CONTROL: _____ GAS LINE DISCONNECT: _____

IS PROPERTY WITHIN 200' OF RIVER, STREAM, LAKE OR DRAINAGE: _____

The applicant/property owner agrees to pay all plan review fees and all expenses and costs incurred by the Department. In the event the applicant cancels or postpones the permit application, plan review fees already incurred shall be paid in full. Further, all unpaid fees, expenses and costs shall constitute a lien on the subject real property and the Building Official is hereby authorized to record a notice of lien with the Douglas County Auditor.

I hereby certify that to the best of my knowledge all submitted information is correct and that the construction, occupancy, and use of the above described property will be in accordance with the laws, rules, and regulations of the State of Washington and Douglas County.

SIGNATURE OF OWNER: _____ DATE: _____

ALL SPECIAL APPROVALS THAT PERTAIN TO YOUR PROJECT MUST BE SIGNED AND CHECKED OFF, BEFORE ISSUANCE OF YOUR BUILDING PERMIT.

WATER DISTRICT: _____ SEWER/SEPTIC ABATEMENT PLAN: _____

HEALTH DISTRICT: demolition waste deposit area _____ FIRE DISTRICT: training fire _____

GAS CO. DISCONNECT: _____ SOLID WASTE: _____ DEPT. OF ECOLOGY: _____

LAND USE: _____
Dust Control Site Mitigation Other

Proof of legal disposal required when demolition is completed