



DEMOLITION PERMIT APPLICATION

BAKER CITY BUILDING DEPARTMENT

1655 FIRST STREET / PO BOX 650

BAKER CITY, OR 97814 Email: permits@bakercity.com

OFFICE/INSPECTION: (541)523-0535 FAX: (541) 524-2049

FOR	DEPARTMENT	USE ONLY
Permit Number:		
Date Paid & Received:		
Date Demolished:		
Verification By:		

JOB SITE INFORMATION	OWNER INFORMATION
Name:	Name:
Address:	Address:
City, State, Zip:	City: State: Zip:
Directions:	Phone: Work:
	Cell #: Email:
Comments:	

CHECKLIST:			
Previous use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other	N/A	YES/NO	DATE/INITIAL

WATER SUPPLY:			
Meter to be removed.			
Meter to remain and be protected:			
Private well to be filled and capped:			
Private well to be used for other purposes.			
Other:			
SANITARY SEWER:			
Sewer to be capped.			
Existing line to remain and be used by new structure.			
Other:			
SEPTIC SYSTEM:			
Tank to be removed.			
Tank to be drained and filled.			
Other:			
ELECTRICAL SUPPLY:			
Electricity to be shut-off and meter removed.			
Other:			
GAS:			
Gas to be shut-off and meter removed.			
Other:			
EXISTING FOUNDATION:			
Foundation destroyed and removed.			
Basement – destroyed or filled.			
All debris removed from site – lot to be restored to original condition.			
All debris removed from site, ground leveled for future use.			
MISCELLANEOUS:			
Other:			

TOTAL OF FEES COLLECTED:		SUM
Demolition Permit Fee:	Residential	63.42
	Commercial <4000 sf	126.83
	Commercial >4000 sf	253.68
	GRAND TOTAL:	

Applicant must hold an Oregon registration to conduct a construction business or be exempt from this requirement. I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules.

PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS. IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO REQUEST INSPECTIONS.

I AM THE PROPERTY OWNER DOING MY OWN WORK.

Contractor/Owner: _____ Phone: _____

Address: _____ CCB #: _____ Exp. Date: _____

Signature: _____ Date: _____