

City of Kelso Demolition Permit Application

FOR OFFICE USE ONLY

Permit #:		Zoning:	RV:		
Questions and application directed to the following		Building and Planni 3 S. Pacific Ave., # Kelso, WA 98626	208		360.423.9922 (office) 360.423.6591 (fax) ng@kelso.gov (email)
PROJECT SITE INFO	ORMATION		Parcel #:		
PROPERTY OWNER Business Name:	2	Contact Na	ame		
Mailing/Billing Address:		City:	City: State:		Zip:
Phone:		Email:	Email:		
APPLICANT (If diffe Business Name:	erent from property owner listed above)	Contact Na	nme		
Mailing/Billing Address:		City:	City: State:		Zip:
Phone:	Email:	Email:			
CONTRACTOR Business Name:	Contact Na	Contact Name:			
Mailing/Billing Address:		City:	: State:		Zip:
Phone:		Email:	Email:		
WA State License # (Not UBI#		Expiration D	ate:		
City of Kelso Business License		Expiration Date:			
DETAILED PROJEC Building Type – Check all that					
□ Residential – # of structures removed: □ Commercial – Total Project Valuation: \$					
Structure Square Footage:					
Project Description:					
DEMOLITION SUPPLEMENTAL CHECKLIST					
For each application you are required to submit: Aerial/Vicinity map with location of structures/demolition work. Label each structure with current use. Demolition Plans/Schedule for demolition. Copy of the APPROVED application for hazardous material removal (Asbestos Survey) from: Southwest Clean Air Agency www.swcleanair.org 11815 NE 99 th St. Suite 1294 360.574.3058 Vancouver, WA 98682 1.800.633.0079					
Depending on the scope of the work, you may also be required to submit: Copy of SEPA Review (SEPA Review may be required unless the demolition project is included under the general exemptions to SEPA - Refer to Kelso Municipal Code). Civil Engineering Permit (for disconnection of water/sewer lines and work in the ROW).					
PROPERTY OWNER OR AUTHORIZED AGENT I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.					
Signature:	Printed Name: Date:				
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