

City of Poulsbo

Building Department



DEMOLITION PERMIT APPLICATION & REQUIREMENTS

1. Completed Application
2. Asbestos Report (**REQUIRED**)
3. Lead Paint Report (if applicable)
4. Well & Septic decommissioning reports from Health Dept. (if applicable)

Permit # _____ Date: _____

ASSESSOR ACCOUNT # _____
(required to be filled in by applicant)

Owners Name _____
Present Mailing Address _____
City, State, Zip _____

Site Address _____

Contractor: _____
Address _____
City, State, Zip _____ Phone _____
Contractor's Lic # _____ Exp. Date ____/____/____

Estimated Demolition Cost \$ _____

Capping of all utilities must be witnessed by Public Works, otherwise utility billing will continue. **To stop utility billing, contact Public Works at 360-394-9755 and the Finance Department at 360-394-9881.**

Owner/Agent Signature _____ Date _____
Owner/Agent Printed _____ Date _____
Contact Number _____ Email _____