

City of Poulsbo

Building Department

(360) 394-9882 Fax: (360) 697-8269



Demolition Permit Application

PROPERTY INFORMATION

Site Address:

Assessor ID Number:

Existing Zoning:

Lot Size:

Lot Coverage:

Existing Impervious Area:

Irrigation: Yes No

Meter Size:

PROJECT INFORMATION

Description of work:

Estimated Construction Value: \$

BUILDING INFORMATION

Occupancy Group(s):

Type of Construction:

Number of Stories:

Building Height:

Existing Meter Size:

People Information: Complete as many entries as necessary to indicate all responsible parties: Applicant, Property Owner, contractor, etc. Use additional sheets if needed. All contractors and sub-contractors must have a valid City of Poulsbo business license.

Check all that apply Applicant* Property Owner Contractor Other:

Name: Company:

Mailing Address:

City: State: Zip Code:

Phone: Email:

Contractor License #: Poulsbo Business License #:

Check all that apply Applicant* Property Owner Contractor Other:

Name: Company:

Mailing Address:

City: State: Zip Code:

Phone: Email:

Contractor License #: Poulsbo Business License #:

Check all that apply Applicant* Property Owner Contractor Other:

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contractor License #: _____ Poulsbo Business License #: _____

FINANCING INFORMATION required if project valuation exceeds \$5,000, per RCW 19.27.095 (may be deferred until issuance)

Lender administering the construction financing or firm issuing a payment bond (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self-financing, please indicate)

Name: _____ Day Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Owner/Agent Signature: _____

Printed Name: _____ Date: _____

Permit/Submittal Requirements

- ___ Completed Demolition Permit Application
- ___ Asbestos Report (required, visit www.pscleanair.org for more information)
- ___ Lead Paint Report (if applicable)
- ___ Well & septic decommissioning report(s) from Kitsap County Health District (if applicable)
- ___ Capping of all utilities must be witnessed by Public Works; otherwise utility billing will continue. To stop utility billing, contact Public Works (360) 394-9755 and the Finance Dept. (360) 394-9881.