

DEMOLITION APPLICATION



City of Hermiston
Building Department
180 NE 2nd St, Hermiston, OR 97838
Ph: 541.667.5025 Fax:
541.567.6731
building@hermiston.or.us

In Accordance with OAR 952-001-0001 through 952-001-0090 applicant must follow all Oregon Utility Notification Center rules. Call prior to digging/demolition 811

JOB SITE INFORMATION		
Job Location:	Map and Tax Lot Info:	
OWNER INFORMATION		
Owner's Name:		
Owner's Address:	City, State	Zip
Phone:		
APPLICANT INFORMATION <input type="checkbox"/> Applicant is owner		
Name:	Phone:	
Mailing Address:	City, State	Zip
CONTRACTOR INFORMATION		
Name:	Phone:	
Mailing Address:	City, State	Zip
CCB#		
DEMOLITION INFORMATION		
Description of Structure to be demolished:		
Reason for demolition:	# of Dwelling Units:	# of Stories:
Schedule Demolition State Date:	Scheduled Demolition Completion Date:	
How will the debris be hauled?	Disposal Site:	
Company hauling the debris:		
If there is a basement, was it removed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the basement filled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, compaction testing is required. Compaction testing reports will be required prior to final	
Have all utilities been notified and disconnected? <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Power <input type="checkbox"/> Gas		
Location of sewer cap:	Please attach site plan with location.	
Any know hazards on the property? (underground storage tanks, liquids, chemicals, etc.? (Please list)		
Signature of Contractor/owner/Authorized Agent:		
Signature of owner (Required for approval to remove structure from property):		