



City of Umatilla

Building Division
 700 6th St
 Umatilla, OR 97882
epermitting@umatilla-city.org
 541-922-3226 ext. 114
 Fax 541-9222-5758

DEMOLITION APPLICATION

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

\$50.00 Application Fee

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:
Scheduled Demolition Start Date:	Total Floor Area of Structure:	
How are you planning to demolish your structure?	Scheduled Demolition Completion Date:	
Method of transporting demolished material:	Name of Disposal Site:	
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):		