



DEMOLITION PERMIT APPLICATION FILING REQUIREMENTS

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

FOR STAFF USE ONLY

Permit # _____ Fee \$ _____ Receipt # _____

Application Fee \$ _____ Total \$ _____

RECEIVED BY: _____ (Initials) DATE: ____/____/____

Check one: Single-Family Residential Multi-Family Commercial Other

Site Address: _____

Description of **Each** structure to be demolished: _____

Associated demolition activities (hydrant removal, parking lot removal, etc.) _____

Square footage of existing building: _____ Square footage of demolition: _____

Does SEPA apply? ___ Yes ___ No (If yes, a SEPA Checklist is required. See staff for assistance.)

Filing Requirements and Submittal Checklist

[Permit Contact Information Form](#), completed and signed.

A complete set of the following:

- Proof of Ownership (title report, tax statement, etc.).
- Notarized letter from the property owner authorizing demolition.
- Copies of all hazardous materials surveys.
- Copies of the hazardous materials survey notification form(s) submitted to the Puget Sound Clean Air Agency.
- If asbestos is found, provide final asbestos abatement report.
- Two (2) copies of property plot plan with the following specifications:
 - o Drawn to scale, 1 inch = 30 feet preferred.
 - o Label address, owner, and contact information.
 - o Show location of all structures and outside dimensions. Indicate which are to be demolished and removed and which will be retained.
 - o Label property line dimensions.
 - o Show and label water line, water meter, storm line, and sanitary sewer lines, both on site and in right-of-way. Label disposition (i.e., cut and cap, remain in place...).
 - o Label edge of pavement, driveway, and sidewalk.

- Show and label existing power poles, and location of overhead wires from power poles to house.
- Indicate significant trees and other significant vegetation. Label species and size (diameter of trunk and height). **NOTE:** If there is a pending land use action, an approved tree inventory plan is required prior to issuance of a demolition permit.

Prior to issuance of the permit:

- Provide bond, if required by the Building Official, depending on the scope of work.
- An approved tree inventory plan, if applicable

Other permits to obtain as applicable.

Check each permit type to be applied for concurrency with this demolition application.

- Tank decommissioning (Fire Permit)
- Clearing and Grading Permit
- Water Meter Removal Permit
- Right-of-way Use Permit
- Electrical Permit
- Other (per department direction)

Notes for contractor and owner of requirements and obligations:

- Contact Puget Sound Clean Air Agency regarding demolition permits and asbestos abatement at (206) 343-8800.
- Demolition of a structure will include demolition of the foundation.
- All demolition materials, equipment, and debris shall be removed from the site. This includes vehicles, foundations, signage, fences, etc.
- Cut and cap water service at the water main. Cut the sewer line laterally at the property line.
- The site shall be graded in such a way as to protect stormwater runoff from pollution as per the Department of Ecology (www.ecology.wa.gov).
- If there is a septic tank contact the Construction Inspector to verify proper abandonment of the septic tank at (425) 744-6277.

I certify the information provided on this application is true and correct.

Owner / Agent _____ Date _____
Print

Owner / Agent _____
Signature



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Signed: _____ **Print Name:** _____ **Date:** _____