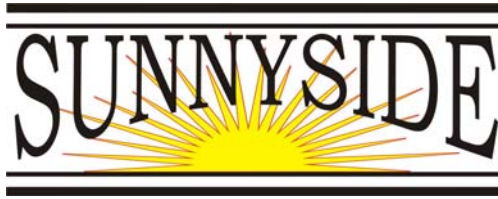


City of Sunnyside
 (509) 837-4229 Office
 (509) 836-6383 Fax



Building Division
 818 E. Edison Avenue
 Sunnyside, WA 98944

Demolition Permit Application

Commercial
 Residential

SITE ADDRESS: _____

Permit # _____

ASSESSOR'S PARCEL NO: _____

Valuation \$ _____

Building Owner:		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	

Contractor: (if applicable)		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	
Contractor Lic No: _____	Exp Date: _____	

Applicant:		
Name: _____		
Phone: _____		

Proof of Owner's Permission: Attached Site Plan: Attached Asbestos Abatement: Attached

Proof of Disconnection:

Electric service: _____

Gas service: _____

Sewer/Septic: _____

Water: _____

Work schedule and completion date: _____

Inspections required: Pre & Post-demo inspection. Disconnect/cap sewer and all applicable utilities.

Expiration of permit. This permit expires in 180 days.

Pedestrian protection. The work of demolishing any building shall not be commenced until pedestrian protection is in place as required see the IBC, Section 3306.

Means of egress. A party wall balcony or horizontal exit shall not be destroyed unless and until a substitute means of egress has been provided and approved.

Vacant lot. Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of the jurisdiction having authority.

Water accumulation. Provisions shall be made to prevent the accumulation of water or damage to any foundations on the premises or the adjoining property.

Buildings being demolished. Where a building is being demolished and a standpipe is existing within such a building, such standpipe shall be maintained in an operable condition so as to be available for use by the fire department. Such standpipe shall be demolished with the building but shall not be demolished more than one floor below the floor being demolished.

Plan Rev. Fee:	Bldg Permit Fee:	St. Surcharge:
Other Fees:		Total:

Signature _____

Date _____