



Burien

Washington, USA

DEMOLITION PERMIT APPLICATION

400 SW 152nd Street, Suite 300. Burien, WA 98166
Phone: (206) 241-4647 • FAX: (206) 248-5539
www.burienwa.gov

Permit Number: _____

PROJECT DESCRIPTION

Type of structure(s) to be demolished:

- Single Family Residence _____ square feet
- Multi-Family Building _____ # of units / _____ square feet
- Commercial / Industrial / Non-residential Building _____ square feet
- Interior Demo Only
- Other: Type of Building _____ / _____ square feet

PROPERTY INFORMATION

Site Address:	Parcel Number:
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PROPERTY OWNER INFORMATION

Property Owner Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail Address:	Fax Number:

APPLICANT INFORMATION

Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail Address:	Fax Number:

CONTRACTOR

Name:	Company:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail Address:	Fax Number:	
Contact person (if different):			Phone Number:
Burien Business License Number:	Contractor's License # (Card must be presented):	Expiration Date:	Verified: Yes <input type="checkbox"/> / No <input type="checkbox"/>

ZONING & VALUATION

Zoning:	Lot Size:	Building Division Valuation: \$	Applicant's Valuation: \$
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Tree Removal Proposed: Yes No (If yes, Show location, type and size on site plan)

SEPA REQUIRED Yes No Initials: _____ (To be initialed by a City of Burien Planner)

(Note: If SEPA review would normally be required to build the structure, the SEPA review is normally required to demo the structure. Also, if the project will disturb an acre or more of land, a SEPA checklist is normally required.)

DEMOLITION CHECK LIST

Note: The contractor is responsible for obtaining approval from all applicable agencies and utility companies prior to the start of any demolition work approved by this permit.

Water Supply:

- Yes No A. Meter to be removed (Contact local water district)
- Yes No B. Meter to remain and be protected.
- Yes No C. Private Well (contact King County Health Dept 206-296-4932)
 - _____ To be filled and capped.
 - _____ To be used for other purposes (specify) _____
- Yes No Is water available to keep the dust at a minimum?

Seattle Public Utilities	206 684-3333
Highline Water District	206-592-8930
Water District # 49	206-242-8535
Water District # 20	206-243-3990
Water District # 125	206-242-9547

Sanitary Sewer:

- Yes No A. Sewer to be capped (Contact local sewer district)
- Yes No B. Existing line to remain and be used by new structure

Valley View	206-242-3236
SW Suburban	206-244-9575
Midway	206-824-4960

Septic System:

- Yes No A. Tank to be removed (Contact K.C. Health Dept. 206-296-4932)
- Yes No B. Tank to be drained and filled (Contact K.C. Health Dept. 206-296-4932)

Electrical Supply:

- Yes No Electricity to be shut-off and meter removed. (Contact Electric Co.)

PSE	1-888-321-7779
Seattle City Light	206-386-4200

Gas:

- Yes No Gas to be shut-off and meter removed. (Contact PSE 1-888-321-7779)

Existing Foundation:

- Yes No A. Foundations to be destroyed and removed
- Yes No B. Basement to be destroyed or filled
- Yes No C. All debris removed from site – lot to be restored to original condition.

Underground Flammable Liquid Storage Tank:

- Yes No Will any underground storage tanks be removed? (Removal of any underground flammable liquid storage tanks must be reported to the Dept. of Ecology, PV-11, Olympia, WA 98504-8711 with a copy of this application and set of plans) (Fire Permit must be obtained from Fire District 2 for tank removal.)

ASBESTOS ABATEMENT:

- Yes No Is there any asbestos that needs removal?
You must contact the Puget Sound Clean Air Organization regarding Asbestos requirements.
 For full details and to obtain asbestos forms, instructions and regulations go online to:
 Contractors: <http://www.pscleanair.org/asbestos/asbe-cont-info.shtml>
 Homeowners: <http://www.pscleanair.org/asbestos/asbe-home-form.shtml>
 or to ask other questions, by phone 1-800-552-3565.
 Failure to comply with asbestos requirements may result in penalties.
By signing this application, I acknowledge that I know and I am complying with the Puget Sound Clean Air Organization's requirements regarding Asbestos Abatement.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the City of Burien as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Burien, but only where such claim is out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

Owner/Agent: _____ Date: _____