



**Community Development Center**  
 Ph. 503-543-7184 Fx. 503-543-5679  
 scappoosebuildingdept@scappoose.gov

**DEMO-REMOVAL PERMIT**

PERMIT # \_\_\_\_\_

Date Rcv'd: \_\_\_\_\_

Date Issued: \_\_\_\_\_

ENTIRE BUILDING DEMO - REMOVAL	DEMOLITION CHECKLIST (by city inspection or provide proof)	YES-NO-N/A-	INPECT DATE
<b>SITE INFORMATION</b> (from tax assessor)	<b>WATER SUPPLY</b>		
Address:	A. Meter to be removed- line to be cap at property line		
Legal Description:	B. Meter to remain and be protected.		
Assessed Valuation:	C. Private well to be filled and capped		
Existing Use:	D. Private well to be used for other purposes		
Building Square Feet:	<b>SANITARY SEWER</b>		
Lot Size:	A. Sewer to be capped		
	B. Existing line to remain and be used by new structure		
<b>PROPERTY OWNER INFORMATION</b>	<b>SEPTIC SYSTEM</b>		
Owner Name:	A. Tank to be removed or drained & filled, -permit via Columbia County		
Address:	B. Copy of County permit to be submitted to Scappoose Building Dept.		
City, State, Zip:	<b>ELECTRICAL SUPPLY</b>		
Phone/Fax:	A. Electricity to be shut-off and meter removed -permit via Columbia County		
Email:	<b>GAS</b>		
<b>APPLICANT CONTACT INFORMATION</b>	A. Gas to be shut-off and meter removed		
Contact Info:	<b>EXISTING FOUNDATION</b>		
Firm/Company Name:	A. Foundations destroyed and removed		
Address:	B. Basement – Destroyed or back-filled		
City, State, Zip:	C. All debris removed from site; lot to be restored to original condition. Receipts must be submitted to the Building Dept.		
Phone/Fax:			
Email:			
<b>CONTRACTOR INFORMATION</b>			
Company Name:			
Contact Person:			
Address:			
City, State, Zip:			
Phone:			
CCB#: _____ Exp. Date: _____			
Email:			
<b>PROPOSED DATE OF DEMOLITION</b>			
DATE:			
Disposal Location:			
	<b>DEMOLITION FEES</b>		
	<b>Engineering Review</b>	100.00	
	<b>Planning Dept. Review</b>	88.00	
	<b>DEMO Fee</b> (Commercial tba. Residential \$266)		
	<b>Plumbing Fee (water/sewer caps)</b>	133.00	
	<b>12% State Plumbing Surcharge</b>	15.96	
	<b>GRAND TOTAL</b>	<b>\$</b>	
	<b>Date Paid:</b>		<b>Recpt. #:</b>

**ADD ADDITIONAL COMMENTS OR INFORMATION BELOW:**

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Applicant must hold an Oregon Construction Contractors license (CCB) to conduct a construction business or be exempt from this requirement. I hereby certify that, to my knowledge, the above information is true and correct. All work to be performed shall be in accordance with all governing laws and rules. PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS. IT IS THE RESPONSIBILITY OF THE PERMIT HOLDER TO REQUEST INSPECTIONS.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

