



City of Wenatchee

Department of Community Development

1350 McKittrick St., Suite A, Wenatchee, WA 98801

Phone (509)888-3244 Building Inspection Line (509)888-3263

Fax (509)888-3201 www.wenatcheewa.gov

DEMOLITION PERMIT APPLICATION

Permit Cost: \$ 100.00 per building

Demolition Permit Requirements:

1. Complete the Demolition Permit Application.
2. Provide a site plan, to scale, showing the location of the building proposed to be demolished.
3. Provide environmental abatement verification (asbestos, lead, etc.).
4. Provide compaction reports for basement backfills, grading changes, etc. (if applicable).
5. Call Northwest Utility Notification Center: (800) 424-555 for location of all utilities.
6. Call the appropriate utility provider(s) to have utilities disconnected.
7. All buildings on a national, state, or local historic register will require a "Certificate of Appropriateness" from the Historic Preservation Office prior to any proposed demolition. Please contact the Planning Department at (509) 888-3256 for more information regarding this requirement.

Required Inspections:

1. Building debris removal, prior to any backfilling or grading.
2. Final; upon completion of backfill, grading, compaction, etc.

Building Information:

1. Square footage of proposed demolition: _____
2. Proposed start date of demolition: _____
3. Projected finish date: _____

CITY OF WENATCHEE DEMOLITION PERMIT APPLICATION DEPARTMENT OF COMMUNITY DEVELOPMENT 1350 MCKITTRICK ST., SUITE A, WENATCHEE, WA 98801 Building Department (509) 888-3244 Inspection Line (509) 888-3263 Fax (509) 888-3201		DATE APPLIED	
		PERMIT NO.	
JOB SITE ADDRESS:		JOB SITE PHONE	
LEGAL DESCRIPTION:		PARCEL NO.	
NATURE OF WORK:			
TYPE OF USE : (Please check the one that best applies) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____ _____			
APPLICANT'S NAME:		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
OWNER'S NAME:		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
CONTRACTOR'S NAME: (copy of contractor's registration card required):		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
CONTRACTOR'S LICENSE NUMBER:	EXPIRATION DATE:	CITY BUSINESS LICENSE NUMBER:	EXPIRATION DATE:
Is structure fifty years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure on a historical register? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure in a historical district? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure in Central Business District? Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Cash <input type="checkbox"/> Check No. : _____ Plan Check/Permit Fee: \$ _____ Receipt No: _____	
By signing below, I certify that the information provided with this application herein is true and accurate. I further certify that any and all work performed shall be done in accordance with the ordinances and laws of the City of Wenatchee.			
_____ Applicant Signature		_____ Authorized Agent Signature	
_____ Print Name		_____ Print Name	

PERMIT APPLICATIONS ARE ACCEPTED MONDAY - FRIDAY FROM 8:00 AM TO 4:30 PM. FEES ARE COLLECTED AT THE TIME OF PERMIT SUBMITTAL.