



# BUILDING DEMOLITION APPLICATION

Community and Economic Development

City of Arlington • 18204 59th Ave NE • Arlington, WA 98223 • Phone (360) 403-3551

QTY	REQUIRED DOCUMENTS
<input type="checkbox"/> 1	City of Arlington Building Demolition Application
<input type="checkbox"/> 2	Site Plan showing the location of all structure(s); identify which one will be removed
<input type="checkbox"/> 1	A copy of the Asbestos/Demolition Notification from the Puget Sound Clean Air Agency
<input type="checkbox"/> 1	Asbestos Survey Report
<input type="checkbox"/> 1	Abatement Report, completed by an approved agency; <i>if applicable</i>

<b>Type of Permit:</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
Property Address: _____	Project Valuation: _____		
Lot #: _____	Parcel ID No.: _____	Subdivision: _____	
Primary Contact:	<input type="checkbox"/> Owner	<input type="checkbox"/> Applicant	<input type="checkbox"/> Contractor
Owner Name: _____	Office No.: _____		
Email Address: _____	Cell No.: _____		
Mailing Address: _____	City: _____	State: _____	Zip: _____
Applicant Name: _____	Office No.: _____		
Email Address: _____	Cell No.: _____		
Mailing Address: _____	City: _____	State: _____	Zip: _____
Contractor Name: _____	Office No.: _____		
Email Address: _____	Cell No.: _____		
Mailing Address: _____	City: _____	State: _____	Zip: _____
L&I Contractor License Number: _____	Expiration Date: _____		

Building Area (Sq. Ft.): \_\_\_\_\_ No. of Floors: \_\_\_\_\_ No. of Buildings: \_\_\_\_\_

### Scope of Work:

I hereby certify that I am the  Owner,  Applicant,  Contractor, and authorized to sign this application and that the above information is correct and construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulation of the State of Washington, and the City of Arlington.

Signature

Print Name

Date