



City of Cashmere

101 Woodring Street
Cashmere, WA 98815
Ph (509) 782-3513 Fax (509) 782-2840
Website www.cityofcashmere.org

DEMOLITION PERMIT APPLICATION

Please check the box that applies to your proposed demolition:

- Building Demolition Under 2,500 sq ft Building Demolition Over 2,500 sq ft

Parcel Number (APN): _____	Lot Size: _____ (Acres) Parcel
Address: _____	City/Zip: _____
Abbreviated Legal Description: _____	
Property Owner(s): _____	
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
E-mail: _____	<input type="checkbox"/> Copy of Recorded Deed is required as an attachment.

Applicant: _____	Company Name: _____
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
E-mail: _____	

***Please make sure to complete all information on pages 1 - 3 of the application.**

I (We) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further certify (or declare) that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been accurately disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. I (We) understand that encroachment and/or building into easements, deed restrictions or other encumbrances are my (our) responsibility and not the City of Cashmere. I (We) further affirm that by my (our) signature below that I (we) have obtained legal permission to build within or encumber all easements on this property. Owner hereby releases, discharges, indemnifies and holds harmless the City from and against any and all claims, demands, causes of action, suits or judgments (including costs and expenses incurred in connection therewith) by both the easement holder or encumbered person(s) arising out of or in connection with the City's issuance of a building permit. (We) certify (or declare) that I (We) am the owner of the property or have been given authorization from the property owner to obtain this permit. I (We) further agree to comply with the International Building, Residential, Fire, Mechanical, Plumbing, and all applicable City Codes. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Owner(s)/Applicant Signature: _____ Date: _____

⤵ FOR OFFICIAL USE ONLY ⤵

Received By & Date:	Building Approval & Date:	Fees Paid:
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NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #	
I. Type of Notification (O=Original R=Revised C=Canceled)				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
REMOVAL CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				
IV. IS ASBESTOS PRESENT? (Yes/No)				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address:				
City:	State:	County:		
Site Location:				
Building Size:	# of Floors:	Age in Years:		
Present Use:	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				LnFt: Ln M:
Surface Area				SqFt: Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLed, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Signature of Owner/Operator

Date