



CITY OF BLAINE

COMMUNITY DEVELOPMENT SERVICES

435 MARTIN STREET, SUITE 3000 • BLAINE, WA • 98230
 PHONE: (360) 332-8311 • FAX: (360) 543-9978
 www.cityofblaine.com

Demolition Permit Application

FOR OFFICE USE ONLY	
Fee \$ _____	
Receipt # _____	
STAMP IN DATE	

Project Name/Tenant:		*Value of Demolition:	
Site Address:		Tax Parcel Number:	
General Location:		Lot Number:	
Contact Person:		Firm or Company Name:	
Address:		Telephone #:	
City:	State / Province:	Zip / Postal Code:	
Contractor:		UBI #	Telephone #:
Address:		City / State / Zip:	
State Contractor's License #:	Expiration Date:	City of Blaine Business License: Current: Yes No Expires:	
Property Owner:		Telephone #:	
Address:			
City:	State / Province:	Zip / Postal Code:	
Building Contains Asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Northwest Clean Air Agency Code # _____			
Date of Demolition:	Building Square Feet:	Number of Stories:	
SFR _____	Duplex _____	Multi-Family _____	# of Units _____

Demolition Description:

ACKNOWLEDGEMENT

By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application may result in an issued permit being null and void.

I, the applicant/owner, certify that this application is being made with the full knowledge and consent of all owners of the property in question. I also agree to provide access and right of entry to City of Blaine and its employees, representatives or agents for the sole purpose of application review and any required later inspections. This right of entry shall expire when the City (through the Director or designee) concludes the application has complied with all applicable laws and regulations. Access and right of entry to the applicant's property shall be requested and shall occur only during regular business hours.

(PROPERTY OWNER -**PRINT NAME**)

(DATE)

I hereby designate _____ to act as my agent in matters related to this application
(LICENSED CONTRACTOR'S NAME-**PRINT NAME**)
for permit(s.)

(PROPERTY OWNER –OWNER'S AGENT **SIGNATURE**)

(DATE)