



APPLICATION FOR DEMOLITION SUBMITTAL

Building Division
 Community Development Center
 231 NE 5th Street, McMinnville, OR 97128
 (503) 434-7314 ♦ Fax (503) 474-4955

This permit is issued under OAR 918-440-0050.
 Permits expire if work is not started within 180 days of
 issuance or if work is suspended for 180 days.

Applications may be obtained online at:
www.ci.mcminnville.or.us

1. Job Site Location:

Address: _____

2. Property Owner:

Name: _____
 Mailing Address: _____
 City/State/Zip: _____

3. Applicant:

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone No.: _____
 Signature: _____

4. Contractor Information:

Company Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone No.: _____
 CCB License No.: _____
 Print Name: _____
 Signature: _____

Office Use Only
Permit No.:
Date Received:

CATEGORY OF DEMOLITION	
<input type="checkbox"/> Residential	<input type="checkbox"/> Garage
<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Other

DEMOLITION DESCRIPTION

BUILDING PREVIOUS USE
<i>Example: Office/Warehouse/ SFR</i>

Square Footage of Demolished Building:

PLUMBING FIXTURE INFORMATION	
Number of Fixtures	Fixture Type
<i>Example: 2</i>	<i>Toilets</i>

PLUMBING FLOOR DRAIN INFORMATION	
Type	Size
<i>Example: Floor Drain/Mop Sink</i>	<i>2"</i>

VALUATION
Permit fees are based on the value of the demolition and cleanup. Indicate the value (round to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
\$ _____

NOTICE
LICENSING: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.

REQUIRED FOR SUBMITTAL
____ Demolition Application
____ Site Plan
____ Floor Plan (showing rooms/fixtures)