



CITY OF STAYTON NOTICE OF INTENT TO DEMOLISH A BUILDING

PROPERTY OWNER: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (____) _____ - _____ Email: _____

APPLICANT: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (____) _____ - _____ Email: _____

LOCATION:

Street Address: _____

Assessor's Tax Map: 091W _____ Tax Lot Number: _____

Closest Intersecting Streets: _____

Type of Structure to be demolished: residential commercial industrial accessory structure

The structure is connected to the following utilities: city sewer city water city storm water collection
 electricity natural gas

The Oregon DEQ requires an asbestos survey to be performed by an accredited inspector to determine the presence of asbestos-containing materials in or on all structures prior to demolition activities.

I intend to remove a structure on the above designated property. Removal of the building will be accomplished by:

DEMOLITION BURN BY STAYTON FIRE DISTRICT

If the building is connected to city sewer, water or storm water collection service, I will notify the Stayton Public Works Department at least 48 hours before demolition is scheduled to begin and demolition will not commence until I have been notified that utilities have been disconnected. I understand it is my responsibility to coordinate with the private utilities.

- Water: The City will remove the meter and disconnect the service.
- Sewer: The owner is responsible for requesting a locate through the Oregon Utility Notification Center. The Public Works Department will locate the sewer lateral within the Public Right-of-Way and identify where the sewer line must be disconnected. The applicant is responsible for disconnecting and capping the line. Once line has been capped, the applicant must call the Public Works Department for an inspection.

SIGNATURE OF APPLICANT: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Application received by: _____ Date: _____

Sewer: Locate date: _____ **Water:** Meter #: _____ Reading: _____

Capped date: _____ Date Removed: _____

Initials: _____ Initials: _____

- Notify customer upon completion Notify Fire Department Scan to database
 Copy to GIS/Planning Reading to City Hall (UB)