



Address:
100 3rd Ave SE
Pacific, WA 98047

Phone & Email:
Ph: (253) 929-1110
permits@pacificwa.gov

Website:
https://www.pacificwa.gov

DEMOLITION / RELOCATION
PERMIT APPLICATION

PERMIT #

In accordance with the City of Pacific Municipal Code (PMC) Chapter 17.18 Demolition Code, every owner, contractor, builder or any other individual shall obtain a demolition and/or removal permit upon removal of any building or other structure within the city limits. The requirements set forth in PMC 17.18.030 shall be completed within 90 days of permit issuance. An extension of 30 days may be granted by the building official. A new permit shall be required after the expiration of any extension. Any owner, contractor, builder or other individual in charge of demolition or removal found to be in noncompliance with PMC 17.18.010 shall be subject to a fee as established by city resolution.

Submittal Requirements must be satisfied (see page 2 for Submittal Checklist)
All sections must be filled out for the application to be considered complete.

Type of Structure(s) to be Demolished:

- Commercial Single Family Residence Multi-Family Mobile/Manufactured Home Accessory Structure*
*(contact City Bldg Dept. for requirements)

PROJECT INFORMATION

Site Address: Parcel No:

Complex Name: When was structure last occupied?

Description of present condition:

Building Sq Ftg: Number of Units: # Plumbing Fixtures Remv'd: Area of Impervious surface to remain:

Reason for Demo/Scope of work:

What will replace the building: Disconnect: Water? Yes No Sewer? Yes No

OWNER INFORMATION

Owner of Property:

Owner Mailing Address: City/State/Zip:

Owner Phone No: Email Address:

CONTRACTOR INFORMATION

Contractor Name: UBI #: Pacific Bus Lic:

Contractor Address: City/State/Zip:

Contact Person: Phone: Email:

Applicant (check one): Owner Owner's Agent Contractor Contractor's Agent

I hereby certify that I have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction.

Signature

Printed Name

Date



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DEMOLITION / RELOCATION PERMIT APPLICATION

SUBMITTAL REQUIREMENTS

- Demolition Permit Application
- Erosion and Sedimentation Control (ESC) plan
- Asbestos Abatement Report (if applicable)
- Copy of Puget Sound Clean Air Agency (PSCAA) Notice: <https://secure.pscleanair.org/asbestos/>
- King County Sewer Use Form (applies to properties in Pierce County). Complete the appropriate form (Non-Res or Res)
- Permit Fees
- Demolition Plan – Must Include:
 - Site Address
 - Parcel Number
 - Property Owner’s Name
 - North Arrow
 - Site Dimensions
 - Property Lines
 - Easements (utilities, access, etc.)
 - Location and dimensions of all existing buildings and other structures (decks, retaining wall, etc.)
 - Identify each building by its use (single family residence, garage, shed, etc.)
 - Clear distinction between the existing building to remain and any buildings to be demolished
 - Locations of any underground storage tanks

CONDITIONS OF APPROVAL

The Side-Sewer must be exposed and capped off at the property line and Water Service Line must be disconnected at the water meter prior to demolition of the structure.

After final approval of site work by the building inspector, it is the **owner’s responsibility** to contact the Finance Department at (253) 929-1100 for utility billing options.

All debris must be removed from the demolition site. If there are unstable fences and outbuildings (i.e. in a deteriorated condition), they must also be removed. It is the **owner’s responsibility to call the City of Pacific for the final clean up inspection.**

OFFICIAL USE ONLY

Permit Issued By: _____ Title: _____

Amount Paid: _____ Receipt #: _____

FINAL INSPECTION

Date of Inspection: _____ Inspected By: _____ Title: _____

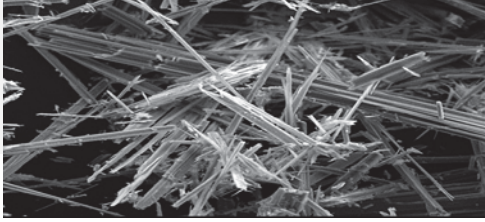
Permit Number: _____ Address: _____

Comments: _____

RESULT (circle one): **PASSED / FAILED**

Demolishing?

Check for asbestos before you start



ASBESTOS

De.mol-ish: wrecking, razing, leveling, dismantling or burning of a structure, making it permanently uninhabitable

Failure to comply with asbestos requirements may result in penalties.

Before you can legally start any demolition (or most renovation) projects, you MUST meet these asbestos requirements:



Asbestos has been widely used in many construction materials from insulation to vinyl flooring, to spray-on "popcorn" ceilings. Left undisturbed and in good condition, asbestos can perform as intended.

Problems arise when asbestos deteriorates, falls apart or is disturbed during demolition and renovation. This can cause asbestos to break down (become "friable") into tiny fibers that become airborne. These fibers are easily inhaled and settle deep into the lungs where they cause lung cancer, asbestosis, or mesothelioma (a related terminal cancer) several years later.

Anyone who works or has the potential of working with products containing asbestos must fully comply with all regulatory requirements.

Conduct an Asbestos Survey

This survey must be conducted by an AHERA*-certified building inspector. You can search for them on the web or in phone books under "Asbestos Consulting and Testing". The results of the survey must either be posted at the work site or communicated in writing to anyone who may come into contact with the material.

File a Notification

You must file a completed notification and pay a fee to the Puget Sound Clean Air Agency at www.pscleanair.org/asbestos before you begin demolition.

Properly Remove Asbestos

All asbestos-containing materials must be removed from the structure by an asbestos contractor prior to demolition.

For More Information

Contact the Puget Sound Clean Air Agency at www.pscleanair.org/asbestos or call 206-689-4058.

Note to contractors: check with Labor and Industry for additional requirements at www.lni.wa.gov

*AHERA = Asbestos Hazardous Emergency Response Act.



1904 Third Avenue, Suite 105 | Seattle, WA 98101-3317
Phone 206-343-8800 | Toll Free 800-552-3565 | Fax 206-343-7522

Non-Residential Sewer Use Certification Sewage Treatment Capacity Charge



King County

Department of Natural Resources and Parks
Wastewater Treatment Division

To be completed for all new sewer connections, reconstructions or change of use of existing connections.

Please Print or Type

Property Street Address _____

City _____ State _____ ZIP _____

Owner's Name _____

Owner's Mailing Address _____

City _____ State _____ ZIP _____

Owner's Phone Number including Area Code _____

Property Contact Phone Number including Area Code _____

Party to be Billed (if different from owner) _____

Address _____

City _____ State _____ ZIP _____

A. Fixture Units

Fixture Units x Number of Fixtures = Total Fixture Units

Kind of Fixture	Fixture Units		No. of Fixtures		Total Fixture Units
	Public	Private	Public	Private	
Bathtub and Shower	4	4			
Shower, per head	2	2			
Dishwasher	2	2			
Drinking fountain (each head)	1	0.5			
Hose bibb (interior)	2.5	2.5			
Clothes washer or laundry tub	4	2			
Sink, bar or lavatory	2	1			
Sink, Clinic flushing	8	8			
Sink, kitchen	3	2			
Sink, other (service)	3	1.5			
Sink, wash fountain, circle spray	4	3			
Urinal, flush valve, 1 GPF	5	2			
Urinal, flush valve, >1 GPF	6	2			
Water closet, tank or valve, 1.6 GPF	6	3			
Water closet, tank or valve, >1.6 GPF	8	4			
Total Fixture Units					

Residential Customer Equivalent (RCE)
20 fixture units equal 1.0 RCE

$\frac{\text{Total Fixture Units}}{20} = \text{RCE}$

For King County Use Only

Account # _____

No. of RCEs _____

Monthly Rate _____

Property Tax ID #: _____

Subdivision Name: _____ Lot #: _____

Subdiv. #: _____ Block #: _____

Building Name (if applicable): _____

City or Sewer District: _____

Sewer or Building Permit Final Date: _____

Side Sewer or Building Permit Number: _____

Please report any demolitions of pre-existing structures on this property and include a copy of the permit.

Credit for a demolition may be given under some circumstances.

(See King County Code 28.84.050, O.5)

Demolition of pre-existing structure? Yes No

Was structure on sanitary sewer? Yes No

Was sewer connected before 2/1/90? Yes No

Sewer disconnection date: _____

Type of structure demolished: _____

Address of demolished structure: _____

Demolition or capping permit number: _____

Are multiple structures replacing the demolished structure? Yes No

B. Other Wastewater Flow

(in addition to Fixture Units identified in Section A)

Type of Facility/Process: _____

Estimated Wastewater Discharge:

_____ Gallons/days

Residential Customer Equivalents (RCE):

187 gallons per day equals 1.0 RCE

$\frac{\text{Total Discharge (gal/day)}}{187} = \text{RCE}$

C. Total Residential Customer Equivalents:

(add A & B)

A _____ + B _____ = _____ Total RCE

Pursuant to King County Code 28.84.050, all sewer customers who establish a new service which uses metropolitan sewage facilities shall be subject to a capacity charge. The amount of the charge is established annually by the Metropolitan King County Council at a rate per month, per residential customer or residential customer equivalent, for a period of fifteen years. The purpose of the charge is to recover costs of providing sewage treatment capacity for new sewer customers. All future billings can be prepaid at a discounted amount.

Questions regarding the capacity charge or this form should be referred to King County's Wastewater Treatment Division at 206-477-5516.

I understand that the information given is correct. I understand that the capacity charge levied will be based on this information. I understand that any deviation may result in a revised capacity charge.

Signature of Owner/Representative _____

Date _____

Print Name of Owner/Representative _____

Residential Sewer Use Certification Sewage Treatment Capacity Charge

To be completed for all new sewer connections, reconnections, or change of use of existing connections.

Please Print or Type (to be filled out by owner/representative)

Property Street Address _____

City _____ State _____ ZIP _____

Owner's Name _____

Party To Be Billed (if different than owner) _____

Mailing Address _____

City _____ State _____ ZIP _____

Owner's Phone Number (with Area Code) _____

Property Contact Phone Number (with Area Code) _____

Please check appropriate box: Residential Customer Equivalent (RCE)

Single-family (free standing, detached only)

- Net square footage less than 1,500 Square Feet 0.81
- Net square footage 1,500 to 2,999 Square Feet 1.0
- Net square footage 3,000 Square Feet or greater 1.16
- Detached accessory dwelling unit (DADU) 0.59
- Attached accessory dwelling unit (ADU) 0.59

Multi-Family (including structures attached by common wall, breezeway, stairway, etc.):

- Duplex or any Single-Family + ADU
(0.81 RCE per unit) 1.62
- 3-Plex (0.81 RCE per unit) 2.43
- 4-Plex (0.81 RCE per unit) 3.24
- 5 or more (0.63 RCE per unit)
No. of Units _____ x 0.63 =
- Mobile home space (1.0 RCE per space)
No. of Spaces _____ x 1.0 =

If Multi-family, will units be sold individually? Yes No

If yes, will this property have a Homeowner's Association?

Yes No

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I understand that the information given is correct. I understand that the capacity charge levied will be based on this information. I understand that any deviation may result in a revised capacity charge.

Signature of Owner/Representative _____

Date _____

Print Name of Owner/Representative _____

For King County Use Only

Account # _____

No. of RCEs _____

Monthly Rate _____

To be filled out by Sewer District

Sewer District _____

Sewer or Building Permit Final Date _____

Side Sewer or Building Permit Number _____

Required: Property Tax Parcel Number

Subdivision Name _____ Subdivision Number _____

Lot Number _____ Block Number _____

Building Name _____

Please report any demolitions of pre-existing structures on this property. Credit for a demolition may be given under some circumstances.

(See King County Code 28.84.050, O.5)

Demolition of pre-existing structure? Yes No

Was structure on sanitary sewer? Yes No

Was sewer connected before 2/1/90? Yes No

Sewer disconnect date: _____

Type of structure(s) demolished: _____

Address of demolition: _____

Demolition/Capping Permit Number: _____

Are multiple structures replacing the demolished structure?

Yes No