



DEMOLITION/REMOVAL PERMIT
COMMUNITY DEVELOPMENT
 601 STATE STREET HOOD RIVER, OR 97031

JOHN ROBERTS, DIRECTOR
 541-387-6840 Fax: 541-387-6873
 Email: plan.dept@co.hood-river.or.us

MARK VAN VOAST, BUILDING OFFICIAL
 541-386-1306 Fax: 541-387-6878
 Email: building@co.hood-river.or.us

Owner		OFFICE USE ONLY	
Name:		Permit No.:	
Mailing Address:			
City:	State:	Zip:	Date Received:
Phone:	Fax/email:		Date Issued:
Job Site Information			
Township:	Range:	Section:	Tax Lot:
Site Address:		Zone:	
Description of work:			Is the structure going to be replaced? <input type="checkbox"/> NO <input type="checkbox"/> YES
It is the responsibility of the applicant to receive approval prior to removal/demolition of structures or if an existing dwelling is to be replaced.			
Required Approvals	Signature	Date	Remarks
Fire Department If demolition is by burning			
Env. Health Dept. If building has septic tank			
Planning & Zoning Services			
Building Services			
Fees			
This permit becomes null and void if demolition/removal is not completed within 180 days (6 months). One or more extensions can be requested. <u>The applicant shall contact the Planning Department upon completion of the demolition/removal to arrange a site visit for verification.</u>		Structural	\$30.00
		Total	\$30.00
		Amount Paid	\$\$

I hereby certify that the above information is true and correct, and agree to comply with all County Ordinances and Department of Environmental Quality regulations (attached) regarding removal/demolition.

Signature _____

Date _____

Demolition completed Date _____ By _____

Notice sent to R&A upon verification Date _____ By _____