## **Demolition (DMO)**



Submit to: eplans@cityofv	ancouv	<u>er.us</u> Questions? 360-	-48	7-7833   <u>ePlans</u>			
				OF WORK			
☐ Building/Pool/Access	ory Str	ructure		Fuel/Chemical Tank			
		CATEGOR	RY (	OF CONSTRUCTION			
Commercial		Residentic	al le			Multi-Family	
		JOE	3 SI	TE LOCATION		,,	
Site address:				Parcel #(s):			
		DESCI	RIP	TION OF WORK			
Valuation: \$		Total Number	of b	uildings to be demolished:		Number of tanks:	
				BE ADVISED			
- Non-structural fill to be us Notes on fill: All excavations ma a non-structural fill letter must be SEPA may be required: Tall more. Contact addplanning@a When Asbestos is present: - Southwest Clean Air Age	of feet of seed grecoust be fill be recording over sityofvan and contact conta	a foundation of a structure ater than 6 inches below nat led, and the site graded to a ded with the Clark County Au 10,000 gal. and commercial acouver.us for details. It the appropriate agencice of Intent to Remove or En	tural natu udito al bu ties f	grade (see below).  ural grade. If the fill material of the property publications 12,000 sq. ft. and landers additional requirements asulate Asbestos is required	will not l prior to c rger or i	requiring excavation of 500 cubic yards o	
WA State Department of Laborate	or & Indu	· ·		•	AC 296	5-62 & 296-65.	
				G DEMOLITION  ABANDON WATER SU	DDLV	ARANDON GEWER OR GERTIG	
TYPE OF BUILDING		SQUARE FEET OF BLDG	<b>J</b> .	Yes No	PPLI	ABANDON SEWER OR SEPTION  Yes No	
						+	
				☐ Yes ☐ No		☐ Yes ☐ No	
				☐ Yes ☐ No		☐ Yes ☐ No	
FUEL/CHEMICAL TANK							
SIZE OF TANK (GALLON	S)**	WHAT WAS IN THE TAN	1K	IS TANK WITHIN 5' OF STR	UCTURE	TANK ABANDONED* OR REMOVED?	
				Yes No		Abandon Remove	
				Yes No		Abandon Remove	
*If tank will be abandoned tank is required to be cleaned prior to fill and then filled with slurry or other approved inert material (not sand							
		GRADI	ING	INFORMATION			
CUT VOLUME (CY)	FILL	VOLUME (CY)	FIL	L MATERIAL:		STRUCTURAL FILL Yes No	
CONTRACTOR				PROPERTY OWNER			
Business Name:				Name:			
Address:			Ac	Address:			
City/State/Zip:			Cit	City/State/Zip:			
Email:			Em	Email:			
Phone:			Ph	one:			
WA State License #:							
		ON	ILIN	IE PAYMENT			
Existing ePermits User Name:				Request an ePermits Account			
		REQU	JIRI	D SIGNATURES			
is not complete and/or the application comply with all private conditions, cov my/our full permission to enter upon t	n fees have enants and	e not been paid, the City may reject d restrictions (CC&R's) associated	t the with t	application and plan review will not his property. As evidenced by my sig	begin. It gnature be o take pho		
Applicant Signature:				Date:			
Property Owner Signature:				Date:			