Deconstruction/Demolition
Permit Application

A demolition permit is required for total demolitions if the structure is greater than 120 sq ft in area. A demolition permit is required for partial demolitions when the proposed work is not covered by a building permit.

Notification of Demolition from Northwest Clean Air Agency. Provide proper notice (up to 10 days advance notice may be required) and obtain approval from NWCAA prior to commencing demolitions and/or asbestos projects.

Property Information

Site Address

Parcel Number

Legal Description

Project Information

☐ Single Family  ☐ Duplex  ☐ Multifamily, # of Dwelling Units: ______________________

☐ Commercial  ☐ Other Use Type: ________________________________________________

Description of work

________________________________________

Project Valuation (required for PARTIAL decons/demos) $:

Utilities to be removed (check all that apply):

☐ Sewer  ☐ Septic  ☐ Water

If removing existing water service, will the service be re-used in the future or abandoned?

☐ Re-Used  ☐ Abandoned

Debris Disposal (list all locations waste will be taken to):

________________________________________

________________________________________

________________________________________

Permit Center
210 Lottie Street, Bellingham, WA  98225
Phone: (360) 778-8300   Fax: (360) 778-8301   TTY: 711 (WA Relay)
Email: permits@cob.org   Web: www.cob.org/permits
**People Information** complete as many entries as necessary to indicate all responsible parties: owner, applicant, contractor, design professional, engineer, tenant, etc. Use additional sheets if needed.

**Check all that apply** □ Applicant* □ Owner □ Contractor □ Other  
Name ____________________________________  Company ____________________________
Mailing Address  
City ____________________________ State _______ Zip Code ____________
Phone ____________________________ Email ____________________________

☐ Please check here if you would like to receive email notifications called Technical Assistance Bulletins (TABs)

**Check all that apply** □ Applicant* □ Owner □ Contractor □ Other  
Name ____________________________________  Company ____________________________
Mailing Address  
City ____________________________ State _______ Zip Code ____________
Phone ____________________________ Email ____________________________

☐ Please check here if you would like to receive email notifications called Technical Assistance Bulletins (TABs)

**Check all that apply** □ Applicant* □ Owner □ Contractor □ Other  
Name ____________________________________  Company ____________________________
Mailing Address  
City ____________________________ State _______ Zip Code ____________
Phone ____________________________ Email ____________________________

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**PERSON PERFORMING THE WORK** is  
□ Property owner or □ Tenant and is exempt from contractor licensing requirements pursuant to RCW 18.27.090. If tenant is checked, an additional acknowledgment form must be completed prior to issuance.  
□ Licensed contractor, please complete licensing information below (may be deferred until issuance).  
L & I License # ____________________________ Exp ____________________________

*Please note, businesses operating in the City limits must have a valid Bellingham Business Registration.*

**FINANCING INFORMATION** required if project valuation exceeds $5,000, per RCW 19.27.095 (may be deferred until issuance)  
Lender administering the construction financing or firm issuing a payment bond (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self financing, please indicate)  
Name ____________________________________  Day Phone ____________________________
Mailing Address  
City ____________________________ State _______ Zip Code ____________

*1 am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

**Signature** ____________________________  **Date** ____________________________

**Printed Name** ____________________________

**City and State where this application is signed** ____________________________