



www.redmond.gov/BuildingPermits

Demolition Submittal Checklist



Contractors are required to obtain a City of Redmond business license prior to doing work within the city limits of Redmond. Applications for a business license can be downloaded at www.redmond.gov/businesslicense. For questions please contact the Business license office at 425-556-2193 or businesslicense@redmond.gov

To schedule an appointment and to ensure that you have the most current information, contact the Development Services Center at 425 556 2473 or Permittech@redmond.gov or [book online](#)

The following non-refundable fees will be collected at the time of application for all Demolition projects. Please refer to the applicable fee schedule for additional information.

- Building, Fire, Planning, and Public Works Plan Check fee
- 3% Technology Surcharge based on total permit cost

ELECTRONIC PLAN STANDARDS Paper plans, incomplete applications, and applications delivered by courier will not be accepted and will result in the application being deemed incomplete.

- ✓ All plans must be drawn **to scale**, and have ✓ **Flatten and merge** separate sheets into one file scale noted on each sheet. named **Structural Plans**.
- ✓ All documents must be uploaded as a **PDF**.
- ✓ All plans must be uploaded in **“Landscape”** **Any files that are not named properly and/or** format in the horizontal position. **uploaded incorrectly may be rejected at intake.**

SUBMITTAL REQUIREMENTS

1. Ensure all Demolition Checklist items are clearly shown on the site plan.
2. Anticipated demolition date _____
3. No Tree Removal allowed as part of this permit.
4. Asbestos Abatement: Obtain approval from Puget Sound Clean Air Agency prior to proceeding with demolition.
5. If structure to be demolished is over 30,000 sq. ft. - **SEPA checklist is required.**
6. Construction debris to be taken to an approved facility ([King County](#))
7. Rodent Abatement report



Demolition Application

- Commercial
- Multi-Family
- Residential
- Mixed Use
- Garage
- Accessory Structure

TYPE OF WORK:

Building Square Feet: _____
 Number of units: _____
 Existing use: _____

Office Use Only	
Date: _____	DEMO: _____
Accepted by: _____	DPLN: _____

SITE LOCATION

***Value of Construction: \$** _____
 Site address: _____
 Tax parcel number: _____
 Project name: _____
 Property owner: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

LENDER INFORMATION	<input type="checkbox"/> N/A
Lender name: _____	
Mailing address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	
E-mail: _____	

DETAILED DESCRIPTION OF WORK

WHO IS PAYING FOR THE PERMIT? CONTRACTOR APPLICANT OWNER DESIGN PROFESSIONAL

PLEASE ENTER INFORMATION BELOW IF DIFFERENT.

Name _____ Address _____
 E-mail _____

GENERAL CONTRACTOR INFORMATION

Company name: _____ State contractor's license #: _____
 Mailing address: _____ Expiration date: _____
 City: _____ State: _____ Zip: _____ City of Redmond business license RED000 _____
 Phone: _____ Fax: _____ E-mail: _____

BUILDING OWNER OR AUTHORIZED AGENT

***Value of Construction:** The value of construction shall be based on the value of the work that is being performed. The total value of work shall include materials and labor for which the permit is being sought for. For the construction of new buildings, the building valuation data table located on www.redmond.gov/permitfees shall be used for new square footage based off of type of construction and occupancy.

Expiration of Plan Review: Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section 105.3.2 of the IBC. No application shall be extended for a period of more than 180 days. See the Fee Schedule for extension fee information.

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: _____ Date: _____

Signature: _____

DEMOLITION INFORMATION

Water Supply

DATE

- Yes No A. Meter to be removed. (Call Development Engineering 425-556-2840) _____
- Yes No B. Meter to remain and be protected. _____
- Yes No C. Private well* or Monitoring Well (Call Public Works Nat. Resources 425-556-2756) _____
- _____ To be filled and capped per WAC 173-160 _____
- _____ To be used for other purposes _____

Sanitary Sewer

- Yes No A. Sewer to be capped (Call Development Engineering 425-556-2840) _____
- Yes No B. Existing line to remain and be used by new structure. _____
- Note: For other required permits (425-556-2876)

Septic System

- Yes No A. Tank to be removed* _____
- Yes No B. Tank to be drained and filled* _____

Electrical Supply

- Yes No Electricity to be shut-off and meter removed★ _____

Gas/Oil

- Yes No A. Gas to be shut-off and meter removed★ _____
- Yes No B. Remove fuel or oil tanks. Complete underground/above ground storage tank closure checklist (Call Fire Prevention Division 425-406-0865) _____

Existing Foundation

- Yes No A. Foundations destroyed and removed _____
- Yes No B. Basement - Destroyed or filled _____
- Yes No C. All debris removed from site – lot to be restored to original condition. _____

Fire Information

- Yes No Fire alarm system removal? _____
- Yes No Fire alarm system partial removal? _____
- Yes No Fire Sprinkler system removal? _____
- Yes No Fire Sprinkler system partial removal? _____
- Yes No Knox Box to be removed? _____

***Call King County Health Department 206-477-8050**

★ Call Puget Sound Energy 425-447-0700