

City Of Merced  
678 W. 18<sup>th</sup> St.  
Merced CA 95340  
(209) 385-6861

FOR STAFF USE ONLY	
DEV _____	Date: ____/____/____
PRJ _____	App expires: ____/____/____
B _____	Accepted by: _____
Type: _____	Payment method: _____

## DEMOLITION PERMIT APPLICATION

### TYPE OF WORK

Commercial  Commercial Garage  Other Commercial  Multi-Family  Residential  Other Residential  Accessory Structure

Building Square Feet: \_\_\_\_\_ Number of units: \_\_\_\_\_ Existing use: \_\_\_\_\_ Public Owned:  Yes  No

### SITE LOCATION

Site Address: \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_

Project Name/Tenant: \_\_\_\_\_ \*Value of Construction: \$ \_\_\_\_\_

Location/Plat name/Lot number: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Lender Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### DETAILED DESCRIPTION OF WORK

\_\_\_\_\_  
\_\_\_\_\_

### APPLICANT/CONTACT PERSON

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

State Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Redmond Business License #: RED \_\_\_\_\_

### BUILDING OWNER OR AUTHORIZED AGENT

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: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Value of Construction:** The value of construction shall include the prevailing fair market value of all labor, materials, and equipment needed to complete the work, whether actually paid or not.

### DEMOLITION CHECK LIST

		DATE
YES/NO	<b><u>Water Supply</u></b> A. Meter to be removed.	_____
YES/NO	B. Meter to remain and be protected.	_____
YES/NO	C. Private well* or Monitoring Well _____ To be filled and capped	_____
	_____ To be used for other purposes	_____
YES/NO	<b><u>Sanitary Sewer</u></b> A. Sewer to be capped	_____
YES/NO	B. Existing line to remain and be used by new structure. Note: Contact Public Works for other required permits	_____
YES/NO	<b><u>Septic System</u></b> A. Tank to be removed*	_____
YES/NO	B. Tank to be drained and filled*	_____
YES/NO	<b><u>Electrical Supply</u></b> Electricity to be shut-off and meter removed☆.	_____
YES/NO	<b><u>Gas/Oil</u></b> 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	_____
YES/NO	<b><u>Existing Foundation</u></b> 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.	_____
YES/NO	<b><u>Fire Information</u></b> 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?	_____

**REQUIRED DOCUMENTATION**

1. Anticipated demolition date
2. Tree Removal Proposed  Yes  No
3. Ensure all Demolition Check List items are clearly shown and noted on two (2) copies of the site plan.
4. Asbestos Abatement: Obtain approval from San Joaquin Valley Air Pollution District prior to proceeding with this demolition.

City Of Merced Building Department (209) 385-6861  
City of Merced Public Works Department (209) 385-6800