



DEMO / REMOVAL PERMIT APPLICATION

Crook County Community Development
300 NE 3rd Street, Room 12 Prineville, OR 97754
Phone: (541) 447-3211 Fax: 541-416-2139

Applicants must adhere to the following statements:

Contact the local "LOCATE" service by calling 811 [PRIOR](#) to digging or removing any structures!

1. The "Owners" signature is required on the application or a signed "Authorization Form" that allows your agent to submit this application on your behalf.
2. Ensure you are aware of the location of any well, water, sewer / septic, power, or gas lines.
3. A "Demo" permit does **NOT** authorize the re-construction of any structure.
4. If re-construction is a part of your project, **DO NOT** begin demolition until you have received land use approval from the appropriate jurisdiction:
 - If the property is located **within** the City limits of Prineville, contact: **City of Prineville Planning Department: 387 NE 3rd Street, Prineville OR 97754, Phone (541) 447-2367**
 - If the property is located **outside** the city limits of Prineville, contact: **Crook County Community Development Department: 300 NE 3rd Street, Room 12 Prineville, OR 97754, Phone (541) 447-3211**
5. Once you've received your "approval" from the appropriate jurisdiction, you are ready to submit your Demo / Removal Permit Application to the **Crook County Community Development Department**.

IMPORTANT: Contact the Crook County Assessor's Office to obtain the necessary forms and/or trip permits. This assists the Assessor's Office with removing the improvement from your property tax rolls. Phone: (541) 447-4133

IMPORTANT: Per CCC 18.132 – Manufactured & Mobile Homes - the manufactured dwelling shall be used solely for the purpose of a residential dwelling. **Use of a manufactured dwelling for storage is PROHIBITED. Initial**

INSPECTION DETAILS

IMPORTANT INFORMATION: There is only one inspection allowed to verify the structure has been removed from the property and all safety guidelines have been followed. If your inspection is denied, you may be charged a reinspection fee and another inspection is required. So please, before calling in for the [FINAL DEMOLITION](#) inspection, ensure you are ready.

Sequence of events for demo permit final inspection:

1. Structure completely removed.
2. All lines need to be capped off: sewer, water, natural gas, propane lines.
3. Electrical Safety: The electrical service panel can remain, but no wires can be exposed from the bottom of the service panel.
4. All debris from the demo/removal area must be cleaned up / removed.

SIGNATURE

By signing below, I / We understand the above statements. As owner(s) of the subject property, I understand I can authorize my Agent to act on my behalf. If my Agent acts on my behalf, I understand that an "Authorization" form must be submitted with this application. No Exceptions. I understand it is my responsibility to follow all DEQ requirements for removal and disposal of hazardous materials from structures built prior to January 1, 2004.

Contact DEQ at (503) 378-5086 for more information.

Owner/Agent Signature: _____

Print Name Clearly: _____

Email: _____ **Date:** _____



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 300 NE 3RD ST, RM #12, Prineville OR 97754
 Phone: (541) 447-3211 Fax: (541) 416-2139
 Email bld@co.crook.or.us

Date Received: _____

Initials: _____

This permit application expires if a permit is not purchased within 180 days after it has been accepted as completed.

DESCRIPTION OF WORK	
Demo Start Date:	
Demo Completion Date:	
Building Height: # of Stories:	
# of Plumbing Fixtures:	
How Will Structure be Demolished?	
Method of Transporting Demolished Material:	
Name of Disposal Site:	
Are Hazardous Materials Present? If YES, List All Known Materials:	
JOBSITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	
Tax/map parcel no:	
PROPERTY OWNER	
Name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
APPLICANT	
Name:	
Address:	
City/State/ZIP:	
Phone:	
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: CCB Lic#:	
E-mail:	
CONTACT FOR ISSUANCE	
Authorized signature:	
Print Name: Date:	

SITE UTILITIES CHOOSE ONE ITEM IN EACH CATEGORY BELOW	
WATER METER	
Retain Water Meter	
Pull Water Meter	
Do Not Disconnect	
No Connection	
WATER	
City Water	
City Water/Well	
Well	
No Connection	
SANITARY SYSTEM	
City Sewer	
Septic	
No Connection	
POWER	
Electricity	
Electricity / Home Heating Oil	
Electricity / Natural Gas (CNG)	
Electricity / Propane (LPG)	
Home Heating Oil	
Natural Gas (CNG)	
Propane (LPG)	
No Connection	

ON-SITE SEPTIC SYSTEM
Check the appropriate box below:
The tank will be pumped by a licensed sewage disposal service to remove all septage; and the tank will be:
<input type="checkbox"/> Filled with reject sand, bar run gravel, or other material.
If other, list material(s): _____
<input type="checkbox"/> Removed and properly disposed of.
Location of disposal: _____

CITY SERVICES
Contact the Public Works Dept. at (541) 416-7844. 1233 NW Lamonta Rd, Prineville, OR 97754
As a staff member for Public Works, I am aware the applicant has applied for a demolition application.
Name: _____
Phone #: _____
Signature: _____
Date: _____



Community Development Department

Phone: (541) 447-3211 Fax: (541) 416-2139

AUTHORIZATION FORM

Let it be known that _____

(Print name clearly)

has been retained to act as my authorized agent to perform all acts for development on my property noted below: These acts include pre-application conference, filing applications and/or other required documents relative to all permit applications.

Physical address of property:

and described in the records of CROOK COUNTY as:

Township _____ South, Range _____ East, Section _____, Tax lot _____

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

PROPERTY OWNER

(Please Print Clearly)

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ / Cell Phone: (____) _____ - _____

Email: _____

AGENT

Signature: _____ Date: _____

Print Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ / Cell Phone: (____) _____ - _____

Email: _____