CITY OF STAYTON
APPLICATION TO DEMOLISH A BUILDING

PROPERTY OWNER: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____-_____

Email: _____

APPLICANT: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____-_____

Email: _____

LOCATION:

Street Address: _____

Assessor's Tax Lot Number and Tax Map Number: _____

Closest Intersecting Streets: _____

ZONE MAP AND COMPREHENSIVE PLAN DESIGNATION: _____

Type of Structure to be demolished: ☐ residential ☐ commercial ☐ industrial ☐ accessory structure

The structure is connected to the following utilities: ☐ city sewer ☐ city water ☐ city storm water collection

☐ electricity ☐ natural gas

I intend to demolish a structure on the above designated property. If the building is connected to city sewer, water or storm s water collection service, I will notify the Stayton Public Works Department at least 48 hours before demolition begins.

SIGNATURE OF APPLICANT: _____

_____
Date

DO NOT WRITE BELOW THIS LINE

Application received by: _____ Date _____