



COMMERCIAL DEMOLITION

**Building Permit Applications are accepted only between the hours of
Monday-Tuesday 7:30 A.M. to 11:30 A.M
Wednesday-Friday 8:00 A.M. to 11:30 A.M.**

REQUIRED DOCUMENTS

1. **Interior only demolition:** Minimum 11x17 floor layout of demolition of walls and fixtures.
2. **Proof of Ownership.** Submit a tax statement, title report or recorded deed/contract, and a letter from the owner of the subject property approving the demolition.
3. **Asbestos/Lead Paint Reports.** *If this is a demolition of exterior walls (not interior),* please submit a testing report for asbestos and lead paint, completed by an Oregon licensed abatement firm. Abatement is the responsibility of the owner by means of Oregon Department of Environmental Quality (DEQ) requirements.
4. **Erosion Control (IF applicable).** Submit an Erosion Prevention and Sediment Control Permit Application for review by the Engineering Department. Contact the Erosion Control Specialist at 503-675-3991 for information.
5. **Tree Protection (IF applicable).** Submit Tree Removal and/or Tree Protection application(s), as applicable, for review by the Planning Department, and complete the “Certificate of Assurance – Impact to Trees” form included in this packet.
 - a. Tree Removal and Tree Protection applications (as applicable) must be submitted at the same time as the associated building permit. If the lot includes any trees, contact the Planning Dept. at 503-635-0290.
6. **Pay Fees.** Pay required fees as may be required.

Your permit expires if work is not started within 180 days from the date of issue, or if work is suspended or abandoned for 180 days or more. If you are unable to work within a 180-day period and do not want to abandon the project, you may submit a written request to the Building Official to extend your permit for an additional 180-day period.

Permits cannot be issued if Erosion Control, Tree Protection, and/or Tree Removal approval are required and have not been approved by the appropriate departments.



Building Permit Application
 380 A Avenue
 Lake Oswego, OR 97035
www.buildingpermits.oregon.gov
 Submit Permits to: permits@lakeoswego.city

PERMIT #	
DATE:	
AMT PD:	AMT DUE:

CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
TYPE OF WORK	
<input type="checkbox"/> New 1- and 2-family Dwelling	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Deck/patio cover
<input type="checkbox"/> Accessory structure/garage	<input type="checkbox"/> Pool/boathouse/dock
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Interior T.I. (Comm)
<input type="checkbox"/> Other (Add Description)	
JOB SITE INFORMATION AND LOCATION	
Project/tenant name:	
Job site address:	Suite #
Tax Map No.	
WORK DESCRIPTION	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	Phone:
CONTACT PERSON	
Name:	Phone:
E-mail:	
CONTRACTOR INFORMATION	
Business name:	CCB:
Address:	Phone:
E-mail (Required):	
Authorized Signature:	
Print name	Date:
<p>All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:</p>	

RESIDENTIAL REQUIRED DATA		
<p>Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.</p>		
Valuation: \$		
	EXISTING	NEW OR ADDING
Number of bedrooms:		
Number of baths:		
Total # of Floors		
Dwelling SF area		
Garage/carport area		
Covered porch area		
Deck area		
Other structure area		
COMMERCIAL REQUIRED DATA		
<p>Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.</p>		
Valuation: \$		
Area (SF)		
Existing Building:		
New Building Area:		
Number of stories:		
Type of construction:		
<p>THIS PERMIT APPLICATION EXPIRES if a permit is not obtained within 180 days after it has been accepted as complete. *Fee methodology set by Tri-County Building Industry Service Board Form B70-1001</p>		
Building Permit Fee*		
<i>Please refer to master fee schedule</i>		
08/07/2018		



CERTIFICATE OF ASSURANCE - IMPACT TO TREES

(Include with the Building Permit Application)

Building permit # _____

I am authorized to make assurances with regard to the development of this property. By signing below, I hereby declare *(please ✓ the correct site description)*:

_____ Development activity e.g. construction, grading, excavation, demolition, vehicle parking, material storage, excavated material, debris storage, etc. will not occur under the canopy of a tree since trees are not present on the site and tree limbs do not overhang the site from an adjacent property;

OR,

_____ Trees are present and will be protected by a Tree Protection Plan approved by the City of Lake Oswego prior to and during the development of the property.

I further understand that if a tree is removed or damaged due to the failure to receive a Tree Protection Plan as required, or as a result of the failure to implement and maintain the tree protection measures of an approved Tree Protection Plan, the property owner and persons responsible for damaging the tree will be subject to the fines and penalties in Lake Oswego Code (LOC) 55 [Tree Code].

Acknowledgement: I have read and understood the above statements regarding the protection of trees required during the development of the property.

Signature

Date

Tree Protection Plan

An approved Tree Protection Plan with the tree protection measures (6' metal fence, required signs, arborist report (if fence not at edge of the tree canopy, etc.) is required to be in place **PRIOR TO COMMENCING ANY SITE DEVELOPMENT OR CONSTRUCTION ACTIVITIES** e.g. demolition, excavation, grading, utility work, building construction, material storage, etc.

NOTE: Please see the Tree Protection Plan application for a complete listing of information required for a Tree Protection Plan.



FIRE DEPARTMENT

Lake Oswego Fire Department
300 B Avenue
Lake Oswego, OR 97034
503-635-0275

Dear Property Owners or Building Contractor

The Lake Oswego Fire Department is asking for your help in providing its firefighters with real world training opportunities. By granting the Fire Department access to your property prior to demolition, firefighters will have the opportunity to practice their trade in a realistic setting. While not all structures qualify for live fire training, there is still great value for the fire department to train in residential and commercial properties. Some training examples include search and rescue, ventilation, forcible entry, overhaul and firefighter mayday. Please feel free to contact me should you need more information.

Thank you for your consideration.

James Doane
Battalion Chief/Training
jdoane@ci.oswego.or.us
503-697-7401



CITY OF LAKE OSWEGO

Erosion Prevention and Sediment Control Permit Application

Building Permit No.

Demo / Other Permit No.

Payment of erosion control permit fee is required before building permit can be issued

SITE LOCATION

Construction site address

GENERAL CONTRACTOR

Name	Address	
Company	Phone	Email

OWNER / APPLICANT

Name	Address	
Company	Phone	Email

24-HOUR EMERGENCY CONTACT

Name	Address	
Company	Phone	Email

SITE INFORMATION

Lot size (SF)	Area of land disturbance (SF)	Approximate start date	Approximate end date
Soil disposal (on-site / off-site)	Location of soil disposal and estimated quantity (if off-site) Estimated quantity (CY) _____	Waterfront property (Y/N) Name (if yes)	
Project Description (including construction phasing, if applicable) REQUIRED			Check all that apply <input type="checkbox"/> Demolition <input type="checkbox"/> New Single Family Residential <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Other _____

Erosion control measures **MUST BE IN PLACE** per approved mitigation plan, prior to any construction activity. Erosion control questions can be directed to the City Erosion Control Inspector at 503-675-3991.

Complete checklist on reverse and provide signature & date. All items within the checklist must be clearly identified on the erosion control plan sheet. Applications with a partial checklist or without signature will be considered incomplete and returned to the owner/applicant.

Lake Oswego erosion and sediment control details can be found at:

<http://www.ci.oswego.or.us/standard-details>

Clackamas County erosion and sediment control details can at: <http://www.clackamas.us/wes/designmanual.html>

EROSION PREVENTION AND SEDIMENT CONTROL PLAN CHECK LIST

EROSION PREVENTION AND SEDIMENT CONTROL PLAN REQUIREMENTS	Y	N/A
Minimum 11" x 17" size paper with all text size 1/8" in height, or larger	<input type="checkbox"/>	
Property boundary, North arrow, Bar scale	<input type="checkbox"/>	
Existing and proposed contours, labeled at no greater than 5' intervals	<input type="checkbox"/>	
Existing and proposed structures (Structures include, but not limited to: house, shed, garage, pool, spa, patio, sport court, gazebo, retaining wall, boat dock, etc.)	<input type="checkbox"/>	
Site access / equipment access	<input type="checkbox"/>	
Construction site boundary, and any surface waters (lake, canal, stream, wetland, etc.)	<input type="checkbox"/>	
Limits of soil disturbance	<input type="checkbox"/>	
Construction entrance (Single family residential construction entrance to be minimum 20' length, 1½" diameter (min) clean rock, 8" depth) (Commercial or development construction entrance to be minimum 50' length, 4" – 6" diameter clean rock, 8" depth)	<input type="checkbox"/>	
Staging / material storage area(s)	<input type="checkbox"/>	
Soil stockpile(s) (appropriately scaled on drawing)	<input type="checkbox"/>	<input type="checkbox"/>
Existing vegetation to remain	<input type="checkbox"/>	<input type="checkbox"/>
Temporary ground cover (mulch, straw, wood chips, rock, plastic sheeting, etc.)	<input type="checkbox"/>	
Perimeter erosion control (straw wattles, silt fence, sediment basin, berms, silt curtain, etc.)	<input type="checkbox"/>	
Internal erosion control (erosion control matting, sediment basins, temporary seeding, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Storm drain inlet protection	<input type="checkbox"/>	<input type="checkbox"/>
Leak proof concrete wash-out pans and leak proof garbage containers (Concrete wash water, from any type of concrete work, must be contained in a leak-proof container. No ground dumping is allowed.)	<input type="checkbox"/>	
Storm water facilities and surface water features (rain garden, flow through planter, dry well, etc.) (All storm water facilities must be adequately protected from compaction/construction traffic.)	<input type="checkbox"/>	<input type="checkbox"/>
Construction vehicle parking (provide clean rock to unimproved parking areas)	<input type="checkbox"/>	<input type="checkbox"/>
Notes / narrative indicating how exposed soils will be permanently stabilized	<input type="checkbox"/>	
Notes / narrative stating that routine inspections of erosion control structures will occur and that maintenance or replacement of failed structures will occur when necessary	<input type="checkbox"/>	
Notes / narrative stating erosion control inspections are required before grading/clearing begins, and before footings are placed	<input type="checkbox"/>	
Details and notes necessary for proper installation and maintenance of all erosion and sediment control structures	<input type="checkbox"/>	

"The permit or approval granted hereby, or any inspections conducted on the site hereafter, shall not be construed as authorizing any activity in violation of any applicable federal or state law or regulation, including but not limited to the federal Endangered Species Act and its regulations."

Owner/Applicant Signature

Date



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JOB SITE INFORMATION AND LOCATION	
Project/tenant name:	
Job site address:	Suite #
Tax Map No.	
WORK DESCRIPTION	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	Phone:
CONTACT PERSON	
Name:	Phone:
E-mail:	
CONTRACTOR INFORMATION	
Business name:	CCB:
Address:	Phone:
E-mail (Required):	
Authorized Signature:	
Print name	Date:
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