



DEMOLITION PERMIT APPLICATION

Permit #: _____

**** All application items in BOLD must be completed ****

Incomplete applications may be denied.

S T A M P

Submit completed application to: PermitSubmittal@FranklinCountyWA.gov

Site Address _____ City _____ State _____ Zip Code _____

Parcel Number _____ Legal Description _____

Building Owner _____ Mailing Address _____ City, State _____ Zip Code _____ Phone # _____

Property Owner _____ Mailing Address _____ City, State _____ Zip Code _____ Phone # _____

Demolition Contractor _____ Business Address _____ City, State _____ Zip Code _____ Phone # _____

E-Mail Address _____ UBI Number _____ WA State Contractor License # _____ Expiration Date _____

After review of your plans, the Building Department may have comments or requests for additional information that are required prior to issuance of your building permit. Please provide the preferred method of contact below.

Please mark the preferred method of contact, provide the necessary information, and print clearly

- E-mail Address (Contractor): _____
- E-mail Address (Owner): _____
- E-mail Address (Other): _____

Valuation of Demolition

Type of Demolition:	<input type="checkbox"/> Factory Assembled Structure (F.A.S.)*	<input type="checkbox"/> Residential Dwelling
	<input type="checkbox"/> Accessory Structure (over 200 sq. ft.)	<input type="checkbox"/> Pool / Hot Tub / Sauna
	<input type="checkbox"/> Commercial / Industrial Structure	<input type="checkbox"/> Other: _____

* If F.A.S., please provide the following information: Copy of Title / Registration Serial #: _____
Model Year: _____ Make: _____ Model: _____

DISCLAIMER:

* Burning and/or burial of materials is prohibited in Franklin County.

Office Use Only:
Title Provided: Yes No

Instructions for Proof of Proper Disposal:

* Please provide copies of all disposal receipts to the Building Department before final inspection.

Scope of Work/Additional Comments: _____

OFFICE NOTES:

Rev. 1 (01/2024)