

Application for Demolition Permit

City of Belvedere • Planning Department 450 San Rafael Ave • Belvedere, CA 94920-2336 Ph. 415-435-3838 • www.cityofbelvedere.org

For Staff Use Only				
			Receipt No.:	
To Be Completed by Applicant				
Address of Property: _				
Phone:		Email:		
Phone:		Email:		
Address:				
			e number:	
2. Location where der	nolition debris will b	e disposed of:		
3. Size, location, and	duration for debris b	oxes to be placed on	City streets:	
4. Route(s) to be take	n by demolition truc	ks into and out of the	City:	
5. Size/Type of tru	icks used to haul de	molition material:		
6. Estimate of cubic y	ards of demolition m	naterial to be removed	l:	

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- 7. Proposed development plan and development timetable for the site once demolition is completed:
- Period of time demolition is expected to take: ______
- 9. Size and location of trees or other vegetation and location of any drainage system to be removed in conjunction with the demolition:
- 10. Erosion, sedimentation, and /or drainage control plans for the site following demolition:

11. Relocation provision for tenants, if any, occupying building to be demolished:

- 12. Year building to be demolished was constructed: _____
- 13. Official designation of historical or architectural significance, if any:

14. Other: _____

Note: The demolition contractor will be required to provide the City with a certificate of worker's compensation insurance and may be required to post a bond. The contractor must also secure a City of Belvedere business license before the actual demolition permit can be issued by the Building Official.

I, the undersigned owner of the property herein described (or owner representative, as authorized by completion of a Statement of Ownership and Designation of Representative), hereby make application for the demolition permit requested, and I hereby certify that the facts, statements and information presented herein and in the attached exhibit(s) are true and correct to the best of my knowledge and belief.

I understand that the contents of this document are a Public Record.

Signature: _____

Name:	·	

Date:	