

Building and Safety Permit Service Center

Demolition
Permit Submittal
Requirements:

- Site Plan
- Photographs of all sides of the structure to be completely demolished
- Zoning Certificate Application — for Building Permits
- Taxable sq ft change worksheet required for submittal
- Public Works Permit Application for sewer capping, work in the public right of way and street staging (includes perimeter fencing, debris boxes and parking)
- Performance Bond if required by the Building Official
- Construction Waste
 Management Plan
 form with Green Halo
 tracking # required prior
 to issuance
- BAAQMD Job # required prior to issuance

Plans and supporting documents must be submitted in electronic format as unsecured, flattened PDF(s) with embedded fonts. Min 11"x17" sheet size.

Permit Service Center 1947 Center St. 3rd floor Berkeley, CA 94704 510-981-7500 TTY 6903 permits@ cityofberkeley.info

Address:

Email:

PERMIT APPLICATION Demolition

| Project In | formation | | Permit #: | | | | |
|------------------------|-----------------------------|--------------------|-------------------|--------------|-------------------|--------------------------------|--------------------|
| Address | • | | | | | | |
| Valuation | | | APN #: | | | | |
| BAAQMD | Use Permit #: | | | | | | |
| | | (J#) | | | | (if applica | able) |
| Is structure | ely demolishe | nolished? Yes | | N | No | | |
| | *If you answe | red No to the | e question | above | , do not ι | ise this form | |
| Demolitio | n Informatio | on | | | | | |
| Occupancy: | Single-Family/Duplex/ADU | | VDU V | Multi-Family | | Commercial/Industrial | |
| Descriptior of Work | | | | | | | |
| | Work in the pu | ublic right of | way is req | uired: | Yes | No | |
| | Unsafe Struct | ure under CE | 3C Section | า 116: | Ye | s No | |
| | Creek on the Parcel: Yes No | | | | | | |
| | Building Move | to a New Pa | arcel: | Yes | No | | |
| | Construction Type | Occupancy Class | Square Footage | | No. of Stories | No. of Residential Units | No. of Bedrooms |
| Existing | I | | | | | | |
| | Demolition rea | moves reside | ential renta | al units: | : Yes | No | |
| Applicant | Information | O wner | Agen | t C | Contractor | Design | Professional |
| Name | Phone: | | | | | | |
| Company | Bus Lic #: | | | | | | |
| State Lic# | Lic. Class: | | | | | | |
| Address | | City, Zip: | | | | | |
| Email | • | | | | | | |
| Owner Inf | ormation | | | | | | |
| Name | : | | | Pl | hone: | | |

City/ST/zip:

Last Revised 01/18/23