



Location: 400 W. Gowe
Mail to: 220 4th Avenue South • Kent, WA 98032
(253) 856-5500 FAX: (253) 856-6500
www.ci.kent.wa.us/permitcenter

Demolition Pre-Application Checklist

Site Address/Location:			Zoning:	
Description of work:				
King County Parcel Number (s):				
of the demolition perm	nit. Inspection is	required	d services performed, if applicable, prior to issuand prior to backfilling. JIRED FOR ALL INSPECTIONS.	
	Call 253-85	6-5500 to	schedule an inspection.	
Approved by:	Date:			
Customer Services			ctor to verify if all utilities have been paid on account. ent Customer Services at 253-856-5201.	
		Water D	District, if not served by City of Kent Water	
		Sewer I	District, if not served by City of Kent Sewer	
			tank decommissioned per the requirements of the e/King County Health Department.	
		Sewer I	line plugged at property line; plastic wing nut plugs are owed.	
		Private	water line cut and capped at property line.	
		State D	ecommissioned per the requirements of the Washingto Department of Ecology, if applicable. Provide copy of ecommissioning Report.	
Comments:				
Buildi	ing Owner		Contractor	
Name			Name	
Address			Address	
City	Zip	_	City Zip	
Phone			Phone	
Signature			Contractor ID #:	
E-mail			 E-mail	