



# DEMOLITION PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION  
 10300 TORRE AVENUE • CUPERTINO, CA 95014-3255  
 (408) 777-3228 • FAX (408) 777-3333 • [building@cupertino.org](mailto:building@cupertino.org)



PROJECT ADDRESS		APN #	
OWNER NAME		PHONE	E-MAIL
STREET ADDRESS		CITY, STATE, ZIP	FAX
CONTACT NAME		PHONE	E-MAIL
STREET ADDRESS		CITY, STATE, ZIP	FAX
<input type="checkbox"/> OWNER <input type="checkbox"/> OWNER-BUILDER <input type="checkbox"/> OWNER AGENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CONTRACTOR AGENT <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> DEVELOPER <input type="checkbox"/> TENANT			
CONTRACTOR NAME		LICENSE NUMBER	LICENSE TYPE
COMPANY NAME		E-MAIL	FAX
STREET ADDRESS		CITY, STATE, ZIP	PHONE
DESCRIPTION OF WORK			

RESIDENTIAL FLOOR AREA	# DWELLING UNITS	OFFICE USE ONLY				
		USE	OCC.	TYPE	SQ. FT.	VALUATION
COMMERCIAL FLOOR AREA						
TYPE OF CONSTRUCTION	# STORIES					
AQMD JOB NUMBER	J #:	RECEIVED BY:			TOTAL VALUATION:	

By my signature below, I certify to each of the following: I am the property owner or authorized agent to act on the property owner's behalf. I have read this application and the information I have provided is correct. I have read the Description of Work and verify it is accurate. I agree to comply with all applicable local ordinances and state laws relating to building construction. I authorize representatives of Cupertino to enter the above-identified property for inspection purposes.

Signature of Applicant/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>SUPPLEMENTAL INFORMATION REQUIRED PRIOR TO ISSUANCE OF DEMOLITION PERMIT</b></p> <p>___ Provide Job Number from Bay Area Air Quality Management District <a href="http://www.baaqmd.org">www.baaqmd.org</a> @ 415-749-4762.</p> <p>___ Provide three copies of a site plan showing protection for any trees 10" in diameter or more at 3' above grade.</p> <p>___ Provide letter from PG&amp;E (408-725-3325) stating all gas and electric has been disconnected.</p> <p>___ Planning Dept clearance to verify building is not considered an historical landmark. <b>Allow 10 business days.</b></p> <p>___ Provide letter of clearance of all vermin from a licensed pest control contractor.</p> <p>___ Applicant shall call the Public Works Department at 408-777-3104 and schedule a "habitable dwelling" inspection.</p> <p>___ Provide signed Debris Bin and Recyclable Materials form.</p> <p>___ Commercial Buildings Only: Provide Fire Dept clearance for fire suppression / alarm system review.</p>	<p><b>OFFICE USE ONLY</b></p> <p><b>PLAN CHECK TYPE</b></p> <p><input type="checkbox"/> EXPRESS</p> <p><input type="checkbox"/> STANDARD</p> <p><input type="checkbox"/> LARGE</p> <p><input type="checkbox"/> MAJOR</p>
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