

**CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION**  
Planning Office – 46411 Timine Way, Pendleton, Oregon, 97801 -- 541/429-7523

**DEMOLITION PERMIT APPLICATION**

Fee: \$50.00 Please Print

**Section A -- General Information:**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Lot Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
# of Allotment Owners: \_\_\_\_\_ Signed BIA Lease: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
License and Bond Number \_\_\_\_\_

**Section B -- Property Information:**

Description: \_\_\_\_\_, Section \_\_\_\_\_, Twnp \_\_\_\_\_ Rng \_\_\_\_\_  
Tax Lot ( ) or Allot. ( ) #: \_\_\_\_\_ Acreage: \_\_\_\_\_  
Subdivision/Partition: Yes ( ) No ( ) If yes, indicate the name of the subdivision/partition and the specific Lot and Block #: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
Legal Access: \_\_\_\_\_  
Directions to Job Site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C -- Description of Work and Inspections Requested:**

Type of Structure to be demolished: ( ) Residential ( ) Garage ( ) Shed ( ) Commercial  
( ) Other: \_\_\_\_\_  
Property is served by: ( ) Community Sewer/water ( ) Well/ Septic  
Hazardous Materials in building: ( ) Asbestos ( ) Lead Paint ( ) other: \_\_\_\_\_  
Water on or adjacent to property: ( ) River ( ) Creek ( ) Pond ( ) Wetland ( ) other: \_\_\_\_\_  
Is the building over 50 years old: ( ) Yes ( ) No, *if yes, clearance from the CTUIR Cultural Resources Protection Program may be required*  
Construction Type: \_\_\_\_\_ Total Sq. Ft: \_\_\_\_\_

Describe the Proposed Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit # \_\_\_\_\_

**Section E -- Plan Review Section:**

The applicant is responsible for providing all the appropriate information including site plans, clearance from Cultural Resources Protections Program, hazardous materials, and any other pertinent information necessary for the Tribal Planning Office to complete an analysis of the request. **The CTUIR reserves the right for a plan review period.**

**Section F -- Note:**

This permit will be considered null and void by limitation if the work authorized by the permit is not commenced or is stopped for a period of 180 days, unless a written request for an extension of the permit is received and approved by the building inspector prior to the expiration. At a minimum, an inspection should be requested at least once every 180 days to insure the validity of the permit.

I hereby certify that I understand that by signing this permit application, I am giving the CTUIR Tribal Planning Office the authorization to conduct the necessary inspections needed for evaluating compliance of this application with Tribal laws.

I certify that I have examined this permit and state that the information contained in it and submitted by me or my agent to compile said permit is true and correct. In addition, I have read and understand the NOTICE provisions included herein and agree to comply with same. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any laws regulating construction or the performance of construction on the Umatilla Indian Reservation.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Agent: \_\_\_\_\_

I am the (Circle One): Owner/owner's authorized representative (If authorized representative, attach letter signed by owner)

**Permit #** \_\_\_\_\_

**TRIBAL PLANNING OFFICE USE ONLY**

Date Filed: \_\_\_\_\_ Received By: \_\_\_\_\_

**PLAN REVIEW CHECKLIST**

**Land Use Standards (if applicable):**

Land Use Zone: \_\_\_\_\_ Intended Use: \_\_\_\_\_ Map #: \_\_\_\_\_

Legal Lot of Record: Yes ( ) No ( ); Within the Flood Hazard Sub district: Yes ( ) No ( )

Current Zoning Violation on Property: Yes ( ) No ( ); if yes specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other Permit Requirements:**

All necessary permits shall be obtained with a sign-off, if required for your type of project, **before a permit will be issued!!**

*Water Resources:* Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_

*Environmental Health:* Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_

*Tribal Public Works:* Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_

*Road Access:* Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_

*Cultural Resources:* Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_

Conditions (please specify conditions): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed and Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**Permit #** \_\_\_\_\_