



**PRE DEMOLITION APPLICATION**

FOR OFFICE USE ONLY

Flag Number: \_\_\_\_\_

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

Received by: \_\_\_\_\_

**SUBJECT PROPERTY**

**ADDRESS:** \_\_\_\_\_ **Zoning District(s):** \_\_\_\_\_

Type of structure to be demolished (i.e. s/f, duplex, o/b, etc.) \_\_\_\_\_

SIDEWELL NUMBER: \_\_\_\_\_ Number of units, if residential: \_\_\_\_\_

Number of bldgs: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Type of construction: \_\_\_\_\_

Sq foot of each bldg being demolished \_\_\_\_\_ if residential, how many units are occupied? \_\_\_\_\_

Proposed post-demolition use plan: New Use Permit \_\_\_\_\_ **OR** landscape Bond Wavier \_\_\_\_\_

Property owner: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

Owner's telephone number: \_\_\_\_\_ Zip code for mailing: \_\_\_\_\_

Contractor's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Zip code for mailing \_\_\_\_\_

Telephone number: \_\_\_\_\_ State license number: \_\_\_\_\_

Material disposal location: \_\_\_\_\_

Approx. starting date: \_\_\_\_\_ Finishing date: \_\_\_\_\_

Barricade, fence and/or scaffolding protection required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is fill material required to level site after demolition? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Cubic Yards

\*\*The applicant is responsible for obtaining pre-demolition inspections and approvals from all departments listed below. Please do not call for inspections until the application has been accepted by the Building Department. Bluffdale City Building Department 14175 S. Redwood Rd, Bluffdale, UT 84065. Phone (801)254-2200 Fax (801)446-8642

Planning Division (801) 254-2200  
14175 S Redwood Rd  
Bluffdale, UT 84065

Public Works (801)254-2200  
14175 S. Redwood Rd  
Bluffdale, UT 84065

Questar Gas (801)324-5111

Contact the State Div. of Air Quality at 536-4000  
1950 W N Temple for demolition requirements  
& 10 day waiting period information

Contact the Salt Lake Valley Health Department  
(801)313-6600: 788 E Woodoak Ln#140 for  
information pertaining to hazardous materials.

**I certify the information presented on this application is true and correct.**

\_\_\_\_\_  
Owner's Signature or authorized representative Date

\_\_\_\_\_  
**PRINT** the name of person to contact Phone number

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**Zoning comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR BUILDINGS CONTAINING RESIDENTIAL UNITS ONLY**

IMPACT DETERMINATION: (To be completed by the Building Official) Zoning District: \_\_\_\_\_

Impact finding: \_\_\_\_\_ No impact: \_\_\_\_\_ Housing impact \_\_\_\_\_

Landscaping required \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Official Date

**FEE & FILING INFORMATION:** Contact Building Services at (801) 254-2200  
14175 S Redwood Rd, Bluffdale, UT 84065