



Community Development
Building Division
One North San Antonio Road
Los Altos, California 94022-3087
(650) 947-2752
Fax (650) 947-2734

DEMOLITION APPLICATION

DATE: _____

APPLICANT:

(Name) _____ (Address) _____ (Phone) _____

CONTRACTOR:

(Name) _____ (Address) _____ (Phone) _____

LOCATION OF DEMOLITION:

Main Living Structure _____ Garage _____ Other _____

PLANNING DIVISION APPROVAL: _____

ENGINEERING DIVISION APPROVAL: _____

The following must be verified and checked off by a Building Division Staff Member prior to commencing demolition procedures:

Bldg Verification (Initials)	SERVICE	DATE	SIGNATURE & TITLE (Utility Company)
_____	<input type="checkbox"/> Gas – Meter Pull Only		
_____	<input type="checkbox"/> Gas – Capped @ P/L (property line) or		
_____	<input type="checkbox"/> PG&E Designation		
_____	<input type="checkbox"/> Electric		
_____	<input type="checkbox"/> Water		
_____	<input type="checkbox"/> Sewer – Capped at P/L		
_____	<input type="checkbox"/> SWPP		