

# Rehabilitation or Demolition Plan



**Office of Neighborhood Services and Code Enforcement**  
 808 W. Spokane Falls Blvd.  
 Spokane, WA 99201-3333  
 (509) 625-6083  
 Fax: (509)625-6802  
 beautifyspokane.org

\*\*Due no later than one week prior to Hearing\*\*  
 \*\*Incomplete forms will be returned for completion\*\*

Your Hearing Date \_\_\_\_\_

I plan to: Rehab	Demo
Property Address:	

***Notarized documentation must be provided for any authorized representative of the property owner.***

Property Owner	
Mailing Address	
City, State, Zip	
Phone	( )
Email Address	
Contractor Name	
Business License #	
Address	
City, State, Zip	
Phone	( )
Email Address	

**FOR OFFICE USE ONLY**

Approved	Not Approved
Signature	
Date:	
Additional Comments:	

***Consult with the Development Services Center on the 3<sup>rd</sup> Floor of City Hall or call (509) 625-6114 for details about permit and inspection requirements. Work performed without required permits will be subject to penalty fees.***

Date permits or Contracts will be obtained:	
Estimated Start Date:	Estimated Completion Date:
Estimated overall costs to complete the rehabilitation or demolition including all permit fees and contract costs.	

\_\_\_\_ (initial) "I am aware that all demolitions require an asbestos survey and that an asbestos survey may be required prior to beginning certain phases of work.

\_\_\_\_ (initial) "In lieu of rehabilitation, I plan to demolish the substandard structure(s). I also understand that accessory structures may not remain on a lot without a primary structure, unless a building permit for a replacement structure has been submitted to the Development Services Center."

**"I certify by my signature below that I have the financial resources to complete the rehabilitation or demolition:"**

X \_\_\_\_\_ Date \_\_\_\_\_

## Rehab Plan or Demo Plan

You must provide a brief narrative in each section below to match the noted substandard conditions identified by Code Enforcement or the Building official. The narrative must include all efforts required to address both the rehabilitation or demolition plan and the plan to monitor and keep the site secure. Also, include any previously unknown conditions that are required to make the structure habitable.

1. Dilapidation-exterior decay, water damage:
2. Structural defects-foundation, wall and roof framing:
3. Unsanitary conditions-waste accumulation, health hazards:
4. Defective/inoperable plumbing:
5. Inadequate weatherproofing-siding roofing, glazing:
6. No activated utility service for one year:
7. Inoperable or inadequate heating system:

8. Hazardous electrical conditions:

9. Structure used in the manufacture of methamphetamine or any other illegal drugs and has been condemned by the Spokane Regional Health District and the owner has failed to abate the nuisance condition:

10. Fire damaged structure:

11. Defects increasing the hazards of fire, accident or other calamity:

12. **REQUIRED:** Site Security- re-secure structures and remove transient(s), illegal dumping, graffiti, and/or dry vegetation:

**If I am not in the area the following entity is designated in my place to carry out the above tasks:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_ (\_\_\_\_) \_\_\_\_\_