



DEMOLITION PERMIT REQUEST

PROCEDURE

Prior to the issuance of a demolition permit, the form below must be filled out completely and submitted to the Planning Division of the Community Development Department. The request will be reviewed for compliance with the California Environmental Quality Act (CEQA). This CEQA review will include a determination of whether any historical, cultural, or archaeological resources may be impacted adversely by the proposed demolition. If any significant environmental or cultural resources will be impacted, the demolition request will require further environmental review by staff, and if necessary, be reviewed by the Cultural Heritage Board.

In order to expedite review of your request, please submit a current photograph of the structure to be demolished with this form. Staff will determine if further review is necessary, usually within two (2) working days after submittal and will notify you as soon as your request has been reviewed.

The demolition of structures within the City of Riverside may result in the exposure of potentially hazardous materials, such as: asbestos-containing materials, lead-based paints, and mercury- or PCB-containing materials. It is the applicant's responsibility that such materials be removed properly and disposed of at appropriate locations in accordance with all applicable laws and regulations, including but not limited to the Environmental Protection Agency's Universal Waste Rule and the State of California Code of Regulations.

This demolition request is reviewed by Planning Division staff independently from any other related requirements or procedures, such as obtaining SCAQMD clearance for asbestos removal. **THE BUILDING DIVISION WILL NOT ISSUE A PERMIT UNTIL THE REQUEST IS APPROVED BY THE PLANNING DIVISION.**

Additional information can be obtained by calling the Planner on Duty (Planning Division Front Counter) at (951) 826-5371.

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PROJECT INFORMATION

Site Address: _____ Date: _____
Photo Submitted? YES NO Type of Structure: _____ Square Footage: _____
Assessor's Parcel Number(s): _____

PROPERTY OWNER INFORMATION

Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Mobile: _____
Email: _____

APPLICANT INFORMATION (IF DIFFERENT)

Contact Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Mobile: _____
Email: _____

STAFF USE ONLY

Comments: _____

Required Action: _____

Historic Preservation Review: _____ Date: _____
Planning Approval: _____ Date: _____