



# DEMOLITION PERMIT WORKSHEET

## COMMUNITY DEVELOPMENT DEPARTMENT

1400 Highland Avenue, Manhattan Beach, CA 90266-4795  
 Telephone (310) 802-5500 FAX (310) 802-5501 TDD (310) 546-3501  
 Website: [www.citymb.info](http://www.citymb.info)

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

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

Reviewed By: \_\_\_\_\_

Job Address:	<input type="radio"/> Residential	<input type="radio"/> Commercial
Property Owner:	Phone:	
	Email:	
Applicant:	Phone:	
	Email:	
Contractor:	Phone:	
	Email:	
CSLB License No:	City License No:	

Project Description:

# OF UNITS BEING DEMOLISHED:	SF OF HABITABLE AREA BEING DEMOLISHED:
------------------------------	--

PLUMBING FIXTURES TO BE DEMOLISHED (PROVIDE FIXTURE COUNT)		
KITCHEN SINKS:	LAUNDRY TRAYS:	TUB/SHOWER COMBOS:
BAR SINKS:	LAVATORIES:	TOILETS:
DISHWASHERS:	BATH TUBS:	URINALS:
WASHING MACHINES:	SHOWERS:	OTHER (PLEASE DESCRIBE):

**Applicant Acknowledgement Statement**

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application. I understand that inspection and approval by the City Building Inspector is required. I also understand that the permit will expire if the building or work authorized is not commenced within 180 days from date of permit issuance or if work is suspended or abandoned, any time after work is commenced for a period of 180 days.

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

FOR CITY USE ONLY			
	INSPECTION/HEIGHT FEE	4223	
	ADDITIONAL CORNERS FEE	4224	
SM:	LG:	IMAGING FEE	4017
		WMP FEE	5429
		PERMIT SURCHARGE FEE	4150
		SEWER CAP	4001
		CONSTRUCTION SIGN	4000
		AFTER THE FACT	4223
		OTHER	
		<b>TOTAL FEE</b>	