



**Benton
County**

**COMMUNITY DEVELOPMENT
DEPARTMENT**

Community Development Department

Office: (541) 766-6819
360 SW Avery Avenue
Corvallis, OR 97333

co.benton.or.us/cd

APPLICATION

ALTERATION OF A HISTORIC RESOURCE - DEMOLITION

File #

Property Owner or Contract Purchaser Information

Name: _____ Preferred Phone: _____

Mailing Address: _____ 2nd Phone: _____

City & Zip: _____ Email: _____

Other individuals to be notified of this application:

Name

Address

City & Zip

General Property Information

Structure Name (if any), Street Address: _____

Assessor's Map: T____S, R____W, Section(s)_____, Tax Lot(s)_____ Zone:_____

Acreage:_____ Existing Structures:_____

Is this property on the National Register of Historic Places? _____

Is the property subject to the Special Assessment Tax Program? _____

The County must retain information that is submitted for review by the Historic Resources Commission. This means that you should submit copies, not originals.

Project Description – Attach an explanation for the demolition request.

Documentation of Current Condition - Submit:

1. Current (within the month) photographs of the structure that clearly shows all sides. Also, photos showing adjacent views to the north, south, east, and west.
2. Documentation outlining the state of repair of the structure.
3. Documentation on the costs of rehabilitation.



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Applicant Signature(s)

I hereby certify that the information contained in this application for a demolition of an historic resource is accurate to the best of my knowledge; and the proposal would not violate any deed restrictions attached to the property. This application must be signed by all owners of the property.

Owner/Contract Purchaser Signature (if representative, state title)

Date

Owner/Contract Purchaser Signature (if representative, state title)

Date

For Office Use Only

Date Application Received: _____ Receipt Number: _____ By: _____

File Number Assigned: _____ Planner Assigned: _____

Date Application Deemed Complete: _____