



# Property Owner's Intent to Demolish Acknowledgement Statement

## Location / Site

Property Legal Description \_\_\_\_\_

Commonly know as (address) \_\_\_\_\_

By signing this form, I acknowledge that the residential structure to be demolished on my property may have nonconforming rights (either as a nonconforming use, or as nonconforming development) assigned by chapter 33.258 Nonconforming Situations, in the Portland Zoning Code, and those rights will be lost upon demolition, unless otherwise specified in Title 33, or through an approved Land Use Review. New development on the site after demolition of the primary residential structure must comply with all applicable requirements of Title 33, the Portland Zoning Code.

**I understand the above. I am the owner of the property.**

Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

**I understand the above. I am the owner of the property.**

Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

**I understand the above. I am the owner of the property.**

Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ FAX \_\_\_\_\_ email \_\_\_\_\_

**Signatures are required.**

**This form is required under the Portland City Code, Title 24, Section 24.55.200**

Return all completed forms to: City of Portland, Oregon, Bureau of Development Services  
Permitting Services, 2nd floor  
1900 SW Fourth Avenue, Portland, Oregon 97201

Or Mail completed forms to: City of Portland, Oregon, Bureau of Development Services  
Attn: Permitting Services  
1900 SW Fourth Avenue, Suite 5000, Portland, Oregon 97201

Only original form with original signatures please, FAXed or photocopied will not be accepted.