



COMMERCIAL DEMOLITION PERMIT DECLARATION



City of Redding
777 Cypress Avenue
Redding CA 96001
(530) 225-4013
FAX: (530) 225-4360
www.ci.redding.ca.us

Applicants for a demolition permit or structural remodel permit shall complete this declaration relevant to hazardous air pollutants upon application for permit per Section 19827.5 Health and Safety Code.

Name:

Permit Number:

- Property Owner Licensed Demolition Contractor

Please complete Box ② below and a Building Permit Application.
FAX or MAIL to the Permit Center at the address above.

① For the Demolition/Remodel of SINGLE-FAMILY RESIDENTIAL STRUCTURES

I hereby declare that the demolition/remodel is a **single-family residential structure and/or a single-family residential structure's accessory building(s)** and the asbestos notification is not applicable.

Signature of Property Owner or Licensed Demolition Contractor	Date
<input type="text"/>	<input type="text"/>

- Complete Page 2, Notification of Intent to Demolish a Building
 Complete Page 3, Demolition Permit Information Sheet

② For the Demolition/Remodel of ALL OTHER STRUCTURES

You may be required to submit a copy of each written Asbestos Notification regarding the building that has been required to be submitted to the United States Environmental Protection Agency, or to a designated state agency, or both, pursuant to Part 51 of Title 40 of the Code of Federal Regulations, or the successor part.

Please check the statement that is applicable to your situation:

- I hereby declare that the Asbestos Notification is not applicable to the proposed demolition/remodeling project as there are no asbestos materials in the structure or building to be razed/remodeled.
 I have submitted my written asbestos notification to the United States Environmental Protection Agency and to the California Air Resources Board. Attached are copies of the notifications and Receipt of Mailing.

CERTIFICATION:

I certify that I have read this declaration and state that the above information is correct. I agree to comply with all City and County ordinances and State and Federal laws relating to the demolition or structural renovation, and hereby authorize representatives of the City and County to enter upon the property for inspection purposes.

Signature of Property Owner or Licensed Demolition Contractor	Date
<input type="text"/>	<input type="text"/>
Contractor's Company	California License Number
<input type="text"/>	<input type="text"/>

- Complete Page 2, Notification of Intent to Demolish a Building
 Complete Page 3, Demolition Permit Information Sheet
 Complete Pages 6 & 7, Asbestos NESHAP Notification of Demolition and Renovation. See mailing instructions on Page 5.

NOTIFICATION OF INTENT TO DEMOLISH A BUILDING

Structure Address:	Structure Type (house, community building, etc.):	
Number of Bedrooms	Size of Electrical Service	Size of Water Meter
Contact Person (please print):	Telephone Number:	

Please answer the following questions:

- The building currently has electric service Overhead Underground Not Sure
- The building currently has an existing electric meter. Yes No Not Sure
- Date Requested to have electric service removed. _____
- The building currently has a natural gas riser. Yes No Not Sure
- The building currently has an existing gas meter. Yes No Not Sure
- The building is connected to City sewer. Yes No Not Sure
- The building currently has an existing water meter. Yes No Not Sure
- Do you want the water service removed Yes No
- Date requested to have water service removed. _____
- There are plans for a new structure on the property. Yes No Not Sure

FOR OFFICE USE ONLY

FAX TO THE FOLLOWING:

- | | |
|---|----------|
| Pacific Gas & Electric | 246-6508 |
| Electric Customer Service | 339-7299 |
| Redding Power - Alan Arrow | 245-7040 |
| Fire Prevention - Phil Paige | 225-4322 |
| Water Utility | 224-6071 |
| Wastewater Utility | 224-6071 |
| Electric Department - Jack Latiolais | 224-4393 |

Time: _____

INSPECTION REQUIREMENTS

The following items require inspections to be made by the Building Department:

- **Prior to backfilling - The capped termination of the sewer lateral and the location of the end marker at the property line must be inspected.**
- **Prior to backfilling - The abandonment of a septic tank must be pumped, filled with sand or pea gravel, and verified by Building Department.**
- **Prior to requesting final inspection - Construction debris (i.e. foundation, roofing and framing materials) must be completely removed and properly disposed of.**

Any inspections that are not made for the termination of utilities prior to backfilling will require the utilities in question to be re-excavated and a reinspected fee paid.

As the contractor or owner, I hereby certify that I have read the above instructions:

Name: _____ **Date:** _____

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

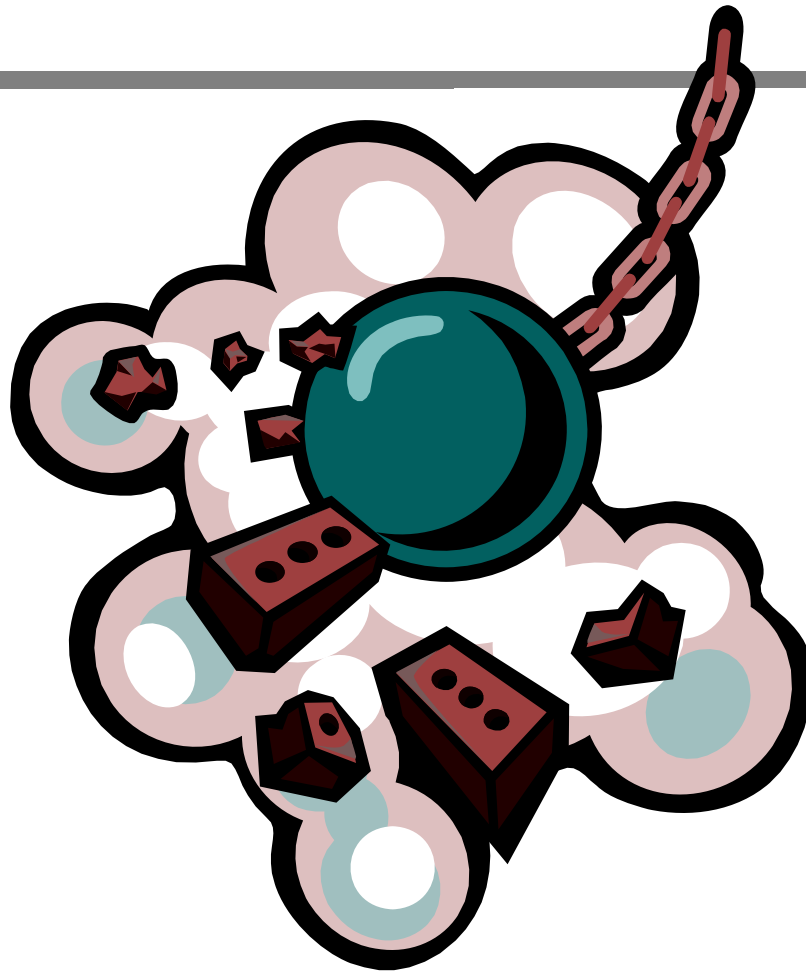
The following form (pages 6 and 7) must be completed and the **original** mailed to the San Francisco address and a **copy** either mailed or faxed to the Sacramento address.

THE ORIGINAL IS MAILED TO:

Mr. Bob Trotter
U.S. EPA - Region IX
Asbestos NESHAP Notification (Air 5)
75 Hawthorne Street
San Francisco CA 94105

SEND A COPY OR FAX TO:

California Air Resources Board
Enforcement Division
Asbestos NESHAP Notification
P. O. Box 2815
Sacramento CA 95812 **FAX: (916) 445-5745**



ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT NO:	POSTMARK	DATE RECEIVED	NOTIFICATION NO:		
I. TYPE OF NOTIFICATION <input type="checkbox"/> ORIGINAL <input type="checkbox"/> CANCELLED <input type="checkbox"/> REVISION-Write Rev No: _____					
II. FACILITY INFORMATION <i>(Identify Owner, Removal Contractor, and Other Operator)</i>					
OWNER NAME:					
ADDRESS:					
CITY:	COUNTY:	STATE:	ZIP:		
CONTRACT:			TELEPHONE:		
ASBESTOS REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTRACT:		TELEPHONE:	TITLE:		
DEMOLITION CONTRACTOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTRACT:		TELEPHONE:	TITLE:		
III. TYPE OF OPERATION <input type="checkbox"/> DEMO <input type="checkbox"/> ORDERED DEMO <input type="checkbox"/> RENOVATION <input type="checkbox"/> EMERGENCY RENOVATION					
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	List Type of Asbestos Material(s) to be Removed:				
V. FACILITY DESCRIPTION <i>(Include: Building name, number and floor or room number)</i>					
BUILDING NAME:					
ADDRESS:					
CITY:	COUNTY:	STATE:	ZIP:		
SITE LOCATION:					
BUILDING SIZE:	Number of floors:	Age in years:			
PRESENT USE:		PRIOR USE:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS **					
** Including: 1) Regulated ACM to be removed, 2) Category I ACM not removed, 3) Category II ACM not removed	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
		CAT I	CAT II	CAT I	CAT II
PIPES (Linear Feet):					
SURFACE AREA (Square Feet):					
VOL. RACM OFF FACILITY COMPONENT (Cubic Feet):					
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY):		Start:	Complete:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:		
Weekdays Work Hours: _____		Weekend Work Hours: _____			
(Form Continues on Next Page)					

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER NO. 1

ADDRESS:

CITY: STATE: ZIP:

CONTRACT: TELEPHONE:

XIII. WASTE DISPOSAL SITE:

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

NAME: TITLE:

AUTHORITY:

DATE OF ORDER (MM/DD/YY) DATE ORDERED TO BEGIN (MM/DD/YY)

XV. FOR EMERGENCY RENOVATIONS

a. DATE AND HOUR OF EMERGENCY (MM/DD/YY):

b. DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:

c. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).

(SIGNATURE OF OWNER/OPERATOR)

(DATE)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OWNER/OPERATOR)

(DATE)