

Demolition Permit Application

Date _____

Job Address _____

Owner _____ Phone Number _____

Address _____

Contractor _____ Phone Number _____

Address _____

Project Information

Commercial Demolition YES NO Residential Demolition YES NO

Clean-up Escrow Paid? YES NO Amount _____

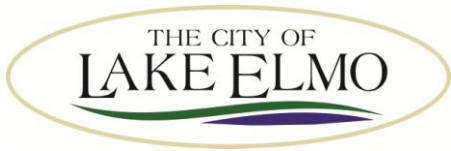
Will there be future construction on this site? YES NO

Required Submittals

	<u>Yes</u>	<u>No</u>
1. Completed Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
2. City License Required	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Asbestos Abatement Worksheet with Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of Well Abandonment Form, If Applicable	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of On-Site Septic System Abandonment, If Applicable, <u>At Time Of Final Site Inspection:</u>	<input type="checkbox"/>	<input type="checkbox"/>
a. Tanks Pumped – Provide Pumping Report		
b. Top/Bottom Crushed – Visual Inspection Required		
c. Tank Filled with Clean Sand and Topped with 12" of Black Dirt		
6. Site Plan Includes All Buildings and Structures	<input type="checkbox"/>	<input type="checkbox"/>

Provide Signature Verification of Proper Electrical, Telephone, Cable, Gas, Water and Sewer Disconnects.

Applicant Signature _____ Date _____



Utility Disconnect Approval Form

THIS FORM IS TO BE SIGNED AND DATED BY A REPRESENTATIVE OF THE CORRESPONDING UTILITY AUTHORITY AND RETURNED WITH THE COMPLETED DEMOLITION PERMIT APPLICATION.

Contractor Name _____ Phone Number _____

Site Name _____ Address _____

Utility Provider:

1. **Sewer:** LAKE ELMO PUBLIC WORKS, IF APPLICABLE Phone Number: (651) 747 – 3940

Signature: _____ Print Name: _____ Date: _____

2. **Water:** LAKE ELMO PUBLIC WORKS, IF APPLICABLE Phone Number: (651) 747 – 3940

Signature: _____ Print Name: _____ Date: _____

3. **Natural Gas Company:** _____ Phone Number: _____

Signature: _____ Print Name: _____ Date: _____

4. **Electric Company:** _____ Phone Number: _____

Signature: _____ Print Name: _____ Date: _____

5. **Telephone:** _____ Phone Number: _____

Signature: _____ Print Name: _____ Date: _____

6. **Septic System:** _____ Phone Number: _____

Signature: _____ Print Name: _____ Date: _____

7. **Well System:** _____ Phone Number: _____

Signature: _____ Print Name: _____ Date: _____



Notification of Intent to Perform a Demolition

Asbestos Program

Doc Type: Asbestos & Demolition/Amendments

Type of notification: Original Amended Project cancellation

Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates.

Demolition Contractor

Name: _____
 Address: _____

 City, State, Zip: _____
 Phone number: _____
 Contact name: _____
 Phone number: _____

Building Information

Building name: _____
 Address/Location: _____

 City, State, Zip: _____
 County: _____
 Phone number: _____
 Age of bldg (yrs): _____ Size of bldg (sq ft): _____
 Number of floors, including basement level(s): _____
 Present use of bldg: _____
 Prior use of bldg: _____

Building Owner

Name: _____
 Address: _____

 City, State, Zip: _____
 Phone number: _____
 Contact name: _____
 Phone number: _____

Dates of demolition or intentional burning:

Start date: _____ End date: _____
mm/dd/yy mm/dd/yy

Note: If there is >260 linear feet or >160 square feet of Regulated Asbestos-Containing Material (RACM) in the building to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of Intent to Perform an Asbestos Abatement Project <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished? Yes No

Will nonfriable ACM be present in the structure at the time of demolition? Yes No

If **Yes** to both questions above, complete Items 1-9. If **No** to either question, complete Items 3-9.

1. If ACM will be left in place for the demolition indicate the amount of Category I and/or Category II nonfriable ACM left in place.

Category I: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category I nonfriable ACM means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.

Category II: _____ Linear feet
 _____ Square feet
 _____ Cubic feet

Category II nonfriable ACM means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure.

Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal (e.g., transite, cement, slate roofing).

2. Description and location of ACM remaining in place (including number of floors and rooms):

3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM (including analytic method): (Note: Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.)

4. Description of planned demolition and the specific method(s) that will be used:

5. If the demolition was ordered by a government agency, please identify the agency and attach a copy of the order:

Name: _____ Title: _____

Authority: _____

Date of order (mm/dd/yy): _____ Start date (mm/dd/yy): _____

Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency **only** when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated ACM or is suspected to contain any regulated ACM, special procedures **must** be followed. If you are unaware of the special procedures, instructions/ regulations can be obtained by contacting the Minnesota Pollution Control Agency (MPCA) at the address or phone number listed below.

6. Description of procedure to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Demolition waste transporter(s) information:

Transporter name: _____

Contact name: _____

Tranporter address: _____

City, State, Zip: _____

Phone number: _____

8. Demolition waste disposal information: *see below for more information

Landfill name: _____

Owner/Operator: _____

Address/Location: _____

City, State, Zip: _____

Phone number: _____

9. I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

Print name: _____ Title: _____

Signature: _____ Date: _____

Important Note:

Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition.

This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at <http://www.pca.state.mn.us/publications/w-sw4-20.pdf> for a Pre-Renovation/Demolition Environmental Checklist Guidance Document to assist with completion of this rule.

*Demolition waste must be disposed of at a permitted solid waste facility. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.

Submit to: Minnesota Pollution Control Agency
Industrial Division – Asbestos Program
520 Lafayette Road North
St. Paul, MN 55155-4194

Questions call: 651-296-6300 or 1-800-657-3864
Fax: 651-297-1438

E-mail: asbestos.demolition.pca@state.mn.us