



APPLICATION FOR DEMOLITION PERMIT

7550 Auburn Rd, Utica, MI 48317
586.739.1600 • Fax 586.739.2867
www.cityofutica.org

JOB INFORMATION

ADDRESS OF PROJECT		DATE	
NAME OF BUSINESS <i>IF APPLICABLE</i>			
PROPERTY OWNER/REPRESENTATIVE'S NAME		OWNER'S TELEPHONE NUMBER	
OWNER'S ADDRESS	CITY	STATE	ZIP CODE

CONTRACTOR INFORMATION

CONTRACTOR NAME		TELEPHONE NUMBER	E-MAIL	
CONTRACTOR ADDRESS		CITY	STATE	ZIP CODE
FEDERAL EMPLOYER ID NUMBER	MESC EMPLOYER NUMBER		WORKERS COMP INSURANCE	
CONTRACTOR LICENSE NUMBER	CONTRACTOR LICENSE EXPIRATION		DRIVER'S LICENSE NUMBER	

Type of Project Residential Commercial Industrial _____

Utility Disconnections Electric Gas Water Sanitary Sewer Cable/Telephone Other

(Provide evidence of disconnections)

Lead (as recorded by the Water Dept) must be sealed with concrete. Concrete basements and footings must be removed. Property owner is responsible for any sidewalk damage. Sewer cap inspection is required before covering.

Disposal Site: _____

Estimated Cost: \$ _____

Asbestos Information: **NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH SUBMITTE? DATE** _____

The Asbestos NESHAP requires that a thorough inspection be conducted for all renovations and all demolitions. All inspections must be completed before the commencement of a subject renovation and/or demolition activity, and the contractor performing the inspection must be listed on the joint EGLE/LARA "Notification of Intent to Renovate/Demolish" form. Inspections utilizing just visual examination are not acceptable unless the building is primarily steel and concrete materials or no materials in the building are likely to contain asbestos. Both contractors and their legal representatives, as well as owners and their legal representatives, are fully responsible for fulfilling the Asbestos NESHAP inspection requirements. Some examples of facilities not subject to the Asbestos NESHAP include:

- Privately owned homes, not demolished for urban renewal or as part of a public or commercial project;
- Privately-owned, multi-dwelling units with four or less dwelling units; and
- Mobile sources

By signing this application, I certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the City of Utica. All information submitted on this application is accurate to the best of my knowledge. Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523 of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fine

Signature of contractor _____ Date _____

Demolition of Structure	\$200.00 residential Flat Fee \$500.00 commercial Flat Fee
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A 72-hour notice to the MISS DIG System must precede any digging done in the city at 1-800-482-7171. If damage is done to any underground utility when digging and notification was not given, the property owner will be liable for repairs.

Permits are considered expired when no inspections have been conducted within 6 months of the issue date or after one year of being issued.

PERMIT FEE COVERS THE COST OF TWO INSPECTIONS UNLESS OTHERWISE NOTED



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Historic District? Yes No

Historic District Commission Decision? Approved Denied Conditional

Comments: _____

Special Parking District? Yes No

Flood Plan Review Date and Approval: _____

DNR Permit No.: _____

Planning commission Approval Date: _____

Variance Required? Yes No Decision Date: _____

Council Approval Date: _____



Building Code Edition: _____

Use Group: _____ Construction Type _____ Occupancy Load: _____

Sq. Ft. _____ Suppressed? Yes No Permit Required? Yes No

Building Department Decision: Approved Denied Date: _____

Building Inspector's Signature: _____




Comments: _____



Instructions for the Asbestos Notification System (ANS)

Register your business. You will need to register the business using the business owner information. **Once you register, you will receive a confirmation e-mail that you must click on to confirm registration.** After registration is confirmed, you can log into the [Asbestos Notification System](#).

Once you log into the site, you will see the following tabs: **Manage Delegated Authority, Profile, Workspace, Notification, and Notification Management.**

- The **Manage Delegated Authority** tab allows you to add additional users to the system. You can add multiple delegated users to enter notifications for your business.
- The **Profile** tab allows you to update your business information or change your password.
- The **Workspace** tab is where you begin your notification entry. Start your notification by clicking the button that looks like  on the right side of the screen. You can also click on the **Notification** tab to start a new notification.
- Once you are under the **Notification** tab, you must fill in all the required information. If there is an exclamation point (!) on any tab, information is missing or incorrect; and you will not be able to submit your notification. Notifications that are saved for further editing and are not submitted can be found under the **Workspace** tab. You can revise your notification by clicking on the  button.
- Once you submit your notification, it will be saved under the **Notification Management** tab. Under the **Actions** header, you can view attachments, copy, revise, and cancel your notifications. You can sort by clicking the headers and export information to Excel. You can click on the document number to print or save it. The delete button  is for housekeeping purposes only. Remember, if you delete a notification, you are also deleting all notifications associated with it and will not be able to edit them once they are deleted.

You must submit your demolition and renovation notifications separately and mark the appropriate project type!

The [ANS](#) currently supports the following browsers:

- Internet Explorer (IE) 10 & 11. Note: In IE, the ANS is presently experiencing issues when generating the PDF and Excel spreadsheet. You must select the option to always allow pop-ups for "*.state.mi.us" in order for these features to work.
- Firefox 25 and above
- Google Chrome
- Safari

If you have questions pertaining to the new system, please contact [Kim Dohm](#) at 517-284-6777.

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, & ENERGY (EGLE) AIR QUALITY DIVISION
 NESHA, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY (LEO), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

EGLE/LEO USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___
 Emergency Date ___/___/___ Valid No. _____
 OK Send Def Ltr. Date of Def Ltr. ___/___/___
 FOLLOW UP ___/___/___ Spoke w/ _____
 Comments: _____

 Notification No. _____ Trans No. _____

3. ABATEMENT CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: _____

4. DEMOLITION CONTRACTOR: Internal Project #: _____
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: _____

5. FACILITY OWNER: ("Facility" includes Bridges)
 Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 E-mail: _____
 Contact: _____ Phone: _____

6. FACILITY DESCRIPTION:
 Facility Name: _____
 Location Address/Description: _____
 _____ If Apt. # of units: _____
 City/Twp. _____ State: _____ Zip Code: _____
 County: _____ Nearest Crossroad: _____
 Size: (sq. ft.) _____ No. of Floors: _____ Floor No.: _____
 Age: _____ Present Use: _____ Prior Use: _____
 Specific Location(s) in Facility: _____

7. DISPOSAL SITE:
 Name: _____
 Location Address: _____
 City/State/Zip: _____

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Name: _____	_____
Address: _____	_____
City/State/Zip: _____	_____
Phone: _____	_____

9. ORDERED DEMOLITIONS: (See NESHA regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.
 Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____

 Date of Order: _____ Date Ordered to Begin: _____

Calculate LEO Asbestos Project Fee: _____ (1% Project Fee)
 Total Project Cost: _____ x 0.01 = _____
 Type of Contractor: _____ License No.: _____
 Licensing Authority: _____

1. NOTIFICATION:
 Date of Notification: _____
 Date of Revision(s): _____
 Notification Type: Original Revised Canceled Annual
Mark appropriate boxes: (both EGLE and LEO may apply):
EGLE (NESHA) [260 ln. ft./160 sq. ft. or more is threshold]
 Planned Renovation – 10 **working** days notice
 Emergency Renovation
 Scheduled Demolition – 10 **working** days notice
 Intentional Burn – 10 **working** days notice
 Ordered Demolition
LEO (MIOSHA) [Will not accept annual notifications]
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice
 Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	_____	_____
+Demolition:	_____	_____
Encapsulation:	_____	_____

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	_____	_____
Demolition:	_____	_____
Encapsulation:	_____	_____

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
 +Include **only** those dates you are conducting asbestos removal/demo.
 Check here if this is a multi-phased project. attach a schedule showing the start/end date of each phase.

10. IS ASBESTOS PRESENT? Yes No To be removed prior to demolition

Estimate the amount of asbestos: Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed prior to demo.		Units of Measure	
		Category I	Category II	<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
_____	_____	_____	_____	<input type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
_____	_____	_____	_____	<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu.M.*

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition**:

A) RENOVATION: Mark all surfaces/types of RACM to be removed:

- Piping Fittings Boiler(s) Tanks(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Mag Block Other (describe) _____

Encapsulation (for LEO): Mark surfaces/types to be encapsulated:

- Piping Fittings Boiler(s) Tank(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Other (describe) _____

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): _____

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc.. and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: _____

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: _____

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: **A)** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): _____

B) Name, address, and phone number of the company performing asbestos survey: _____

C) Name, accreditation number of the inspector, and date of inspection: _____

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Signature of Owner or Abatement Contractor *Date*

Signature of Owner or Demolition Contractor *Date*

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LEO)

Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee *Date*

Signature of Asbestos Abatement Contractor Representative *Date*

NOTE: It is not mandatory that a signed copy be sent to LEO unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

Printed Name of Owner/Operator *Date*

Signature of Owner/Operator *Date*

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For **Public Act 135 of 1986, as amended, Section 220 (1-4) or (8)**, mail to address below. For more info visit:
<http://www.michigan.gov/asbestos>

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M**, please use the e-submittal process. For more information visit
<http://www.michigan.gov/air>, under Air Links click on Asbestos NESHAP Program.

MIOSHA Asbestos Program
 LEO, CSHD
 P.O. Box 30671
 Lansing, MI 48909-8171

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 EGLE, AQD
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517.899.2182 (Office)