

D E M O L I T I O N P E R M I T

**FLINT TOWNSHIP
DEPARTMENT OF BUILDINGS**

PERMIT MUST
BE PULLED BEFORE
WORK HAS STARTED
PENALTY: DOUBLE FEE

1490 SOUTH DYE ROAD
FLINT, MICHIGAN 48532
(810) 732-1350
FAX (810) 733-6919

PERMIT NUMBER _____
DATE _____
CHECK NUMBER _____

I. LOCATION OF BUILDING			
ADDRESS			
CITY/VILLAGE			
II. LEGAL DESCRIPTION			ZONED
A. OWNER OR LESSEE			TELEPHONE NO.
NAME			
ADDRESS	CITY	STATE	ZIP
B. CONTRACTOR			TELEPHONE NO.
NAME			
ADDRESS	CITY	STATE	ZIP
BUILDERS LICENSE NO.			
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			
III. A. COMMENTS (To be filled in by Inspector)			

BASE FEE \$55.00			
/1000 CUBIC FOOTAGE _____ X \$1.75			
TOTAL PERMIT FEE _____			

B. CONSTRUCTION TYPE: CHOOSE ONE

1A 1B 2A 2B 2C 3A 3B 4- 5A 5B

C. FOUNDATION TYPE: CHOOSE ONE

42" FOOTINGS BASEMENT BLOCK BASEMENT POURED N/A OTHER
BASEMENT WOOD EXISTING POLE CONSTRUCTION WOOD FOUNDATION

IV. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

MASONRY, WALL BEARING WOOD FRAME OTHER
 REINFORCED CONCRETE STRUCTURED STEEL

V. ASBESTOS ABATEMENT MDEQ (517) 373-7064

Notification of Intent to Renovate/Demolish

Michigan Department of Environmental Quality (MDEQ)
Air Quality Division, NESHAP 40 CFR part 61, subpart M
\$25,000 penalty per day per violation for failure to comply

Michigan Department of Consumer and Industry Services (MDCIS)
Asbestos program, P.A. 135 of 1986, as amended, section 220 (1-4) or 8

By signing below, I acknowledge that I have received the forms, information and instructions provided by the Charter Flint Township Building Department regarding asbestos abatement and will contact the Michigan Department of Environmental Quality for further instructions

Signed _____ Date _____

VI. COUNTY PERMITS 4610 Beecher Rd - (810) 732-7870

Genesee County procedure for temporary or permanent termination of water and/or sewer service

NO PERMIT WILL BE ISSUED UNTIL COPIES OF NOTIFICATION ARE SUPPLIED

VII. GENESEE COUNTY HEALTH DEPARTMENT - (810) 257-3603

Must comply with the State Law pertaining to the abandoned well closure And/or closure of any septic tank, if existing

VIII. SPECIAL INSTRUCTIONS

Land to be restored to natural grade - All foundation materials removed to Minimum of 24" below grade - Holes to be punched into basement floor or floor To be removed - All materials removed to a licensed landfill - No burning of any materials on site - Utilities (gas, electric) must be disconnected to Consumer's Energy requirements - Every attempt must be made to minimize dirt and debris on roadways

IX. APPLICANT INFORMATION:

Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.

NAME

TELEPHONE NO.

ADDRESS

CITY

STATE

ZIP

FEDERAL I.D./SOCIAL SECURITY NO.

I hereby 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 State of Michigan. 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 125.1523a 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 fines.

FEE ENCLOSED \$

SIGNATURE OF APPLICANT

APPLICATION DATE

X. VALIDATION

APPROVED BY:

(SIGNATURE)

XI. INFORMATION TO MDEQ

FAXED DATE _____

BY _____

XI. SITE PLAN OR PLOT PLAN -- FOR APPLICANT USE
Include dimensions of building in order to calculate cubic feet of demolition
(FEE - \$55.00 plus \$1.75/1000 cubic feet of structure)

INDICATE DIRECTION OF NORTH

DEPARTMENT USE ONLY

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPT. OF ENVIRONMENTAL QUALITY (MDEQ)
AIR QUALITY DIVISION, NESHAP, 40 CFR Part 61, Subpart
M, (\$27,500 penalty per day per violation for failure to comply)



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

MDEQ/MDLEG USE ONLY

Postmark Date ___/___/___ Rec'd Date ___/___/___

Ok Send Def Ltr. Date of Def Ltr. ___/___/___

FOLLOW UP ___/___/___ Spoke w/ _____

Comments: _____

Notification No. _____ Trans No. _____

Calculate MDLEG 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 NESHAP and MDLEG may apply):

NESHAP (MDEQ) [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

MDLEG [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

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).

3. ABATEMENT CONTRACTOR: Internal Project #: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

4. DEMOLITION CONTRACTOR: Internal Project #: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

5. FACILITY OWNER: ("Facility" includes Bridges)

Name: _____

Mailing Address: _____

City/State/Zip: _____

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:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

WASTE TRANSPORTER 2:

9. ORDERED DEMOLITIONS: (See NESHAP 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: _____

(continued on reverse side)

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 MDLEG): 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 company performing asbestos survey: _____

C) Name, accreditation number of 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 cutoff 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 MDLEG)

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 MDLEG 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:

SIGNATURE OF OWNER/OPERATOR DATE

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 on reverse side to determine which 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>.

MDLEG-CSHD-ASBESTOS PROGRAM
P.O. Box 30671
Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M**, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deg> click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
MDEQ, AQD
P.O. Box 30260
Lansing, MI 48909-7760

517.373.7064

Wayne County Only

NESHAP Asbestos Program
Detroit Field Office, MDEQ, AQD
Cadillac Place, Suite 2-300
3058 West Grand Boulevard
Detroit, MI 48202

313.456.4686

DEMOLITION

NOTICE TO CONTRACTORS/HOMEOWNERS

Prior to the commencement of demolition, the project site must be surveyed for asbestos-containing materials (ACM). This survey must be conducted by a Michigan accredited asbestos building inspector.

The removal of asbestos or hazard waste must comply with the rules regarding the Michigan Department of Environmental Quality (MDEQ) Air Division, Neshap 40 CFR part 61; the MIOSHA Asbestos Construction Standard, 29 CFR 1926.1101; Michigan Public Act 135 of 1986, as amended; Michigan Public Act 440 of 1988, as amended; and the Lead in Construction Standard 29 CFR 1926.62. This is not limited to the above stated items, but all Federal, State Laws and County and Local Ordinances that pertain to the renovation/demolition at your location.

\\Forms\DEMONOT

PRE-DEMOLITION CHECK LIST

1. Request "Final Read and Turn-off for Demo" from the Flint Township Sewer and Water Department. A standard fee will be placed on the final bill.
2. Present "Final Read" form and request "Order with Final Read and Turn-Off for Demo" at Genesee County Water and Waste. This includes an inspection by County Personnel to verify cut and cap of sewer and water. At the time of inspection, you will receive two copies of this form. Flint Township Building Department requires the yellow copy in order to issue your permit. Retain the pink copy for your records. Genesee County Water and Waste is located at 4610 Beecher Rd. Call (810) 732-7870 for further information.
3. Obtain Soil Erosion Waiver or Soil Erosion Permit from Genesee County Water and Waste (whichever they require). Copy to be returned to Flint Township Building Department to attach to Demolition Permit when issued.
4. Contact Genesee County Health Department (810) 257-3603 for proper closure of well and/or septic system.
5. Submit "Notification of Intent to Renovate/Demolish" to Michigan Department of Environmental Quality regarding Asbestos Abatement as described in the Demolition Permit Application.
NOTE: A COPY OF YOUR PERMIT APPLICATION WILL BE FORWARDED TO MDEQ.
6. Provide documentation that Consumer's Energy has disconnected all utilities to their specifications.
7. Comply with further instructions as listed on Demolition Policy.

CHARTER TOWNSHIP OF FLINT
BUILDING DEPARTMENT
DEMOLITION POLICY IN FLINT TOWNSHIP

1. It shall be unlawful to demolish a building or any structure without filing a permit application with the Flint Township Building Department.
2. All utilities and their respective service connections and appurtenant equipment, such as meters and regulators shall be removed or sealed and plugged in a safe manner before a permit is issued. See attached check list.
3. It is the responsibility of the contractor and/or owner to identify each structure by address and assume total responsibility for demolition of the correct structure.
4. The contractor shall notify the Building Department of the demolition location at least twenty-four (24) hours before work begins.
5. The basement floor shall be broken into four (4) foot sections and any larger sections shall be removed. All foundation walls shall be sheared and collapsed to a point at least two (2) feet below grade. Field inspection by the Building Department must be made before any fill is allowed.
6. The basement shall not be backfilled until approved by the Building Department. All fill shall be clean bank run fill with not more than 2% field stone in excess of 4" diameter. The top 6" fill shall be good topsoil and capable of supporting vegetation.
7. The contractor shall accept full responsibility for protection of public and private property, and work in compliance with pertinent sections of the current building code.
8. The lot shall be maintained free from the accumulation of rubbish and all other unsafe or hazardous conditions that endanger the life or health of the public. Final grade shall be determined in general as a location which has been filled and graded to such an extent that no shallows shall be allowed that may puddle, pond, or accumulate water. The final lot shall be graded to such an extent that a hand lawnmower could be pushed across such lot cutting the grass to a height of 3" without damage to such lawnmower.
9. The contractor may work six (6) days a week. Sunday and holiday work is not allowed, except in the case of an emergency; and in any case, one (1) day notice will be given to the Building Department.

SPECIFICATIONS FOR DEMOLITION WORK
CHARTER TOWNSHIP OF FLINT

10. No work involving operation of heavy mechanical equipment will be allowed between 7:00 p.m. and 7:00 a.m. unless the Building Department approves it.
11. The above rules are mainly related to work standards for demolition work. In case of ambiguity or for any special situation, the rules in BOCA Basic Building Code, 1986 edition and all other associated documents shall govern this activity.

PROCEDURE FOR IMPLEMENTATION

1. All building inspectors will be notified.
2. Make copies of the specifications available to contractors and the Building Department.