



Elmore County Land Use and Building Department

520 East 2nd South
Mountain Home, Idaho 83647
208-587-2142

Demolition Permit

Commercial

Residential

PROJECT INFORMATION

Project Address: _____
Project Value: \$ _____

PROPERTY OWNER INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

CONTRACTOR INFORMATION

Business Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____
State Registration #
& Expiration Date: _____

Complete and Answer All Questions

1. What is the structure being removed? _____
2. An asbestos certificate is required for structures older than 1975. Is asbestos present? Yes No (if yes, provide certificate)
3. Is the building being partially demolished? Yes No Does it have a basement? Yes No
4. What are the future plans for the site? _____
5. How will the site be protected for safety? _____
6. Have the following been disconnected or abandoned? How?
Gas/Propane _____ Electrical _____
Electrical _____ City Water/Well _____

7. Have you received a copy of the EPA Asbestos Information? Yes No

Notes

- * All concrete is to be removed unless structurally sound and planned to be re-used.
- * Soil may need a compaction test if a new structure isn't built upon native soil.

As the Owner/ Applicant/ Contractor I hereby certify that I have read and examined the above application and checklist, and that all of the information provided and items checked are included as part of the initial permit application submittal and are true to the best of my knowledge.

Signature _____

Date _____

ASBESTOS

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled)					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
REMOVAL CONTRACTOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:		Tel:			
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
IV. IS ASBESTOS PRESENT? (Yes/No)					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address:					
City:	State:	County:			
Site Location:					
Building Size:	# 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:					
<ol style="list-style-type: none"> 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 Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

Send this completed notification form to:

Asbestos NESHAP Coordinator, U.S. Environmental Protection Agency, Region 10 Office Compliance and Enforcement (OCE-101)
 1200 Sixth Avenue, Suite 900
 Seattle, WA 98101
 Questions call (907) 271-3688

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 OR RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name:		
Address:		
City:	State:	Zip:
Tel:		
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:		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
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 CRUMBLLED, 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.		
_____		_____
(Signature of Owner/Operator)		(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
_____		_____
(Signature of Owner/Operator)		(Date)

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The US Environmental Protection Agency requires that Renovation, repair and painting projects that disturb lead-based paint in pre-1978 homes, childcare facilities and schools must be performed by an EPA Certified Renovator working for an EPA Certified Firm and specific work practices must be implemented to prevent lead contamination. More information is available at 1800-424-LEAD [5323] or <http://www2.epa.gov/lead>

Laurie Fay

US Environmental Protection Agency Region 10
1200 Sixth Avenue
Suite 900, MS AWT-128
Seattle, WA 98101
Phone: 206-553-1541
Fax: 206-553-8509
Email: fay.laurie@epa.gov

You may also find information about Asbestos at <http://www2.epa.gov/asbestos> or the State of Idaho has information on their website at <http://deq.idaho.gov/air-quality/air-pollutants/air-toxics/asbestos.aspx>

Please note that EPA R10 in Seattle handles asbestos in schools (AHERA regulation). R10 Seattle no longer handles asbestos NESHAP issues – these are referred to John Pavitt, EPA R10 Anchorage, AK office – his contact information is phone (907-271-3688) and/or email (pavitt.john@epa.gov).