

Fee: \$30.00

Email: permits@escanaba.org
Mail: Community Development Dept., PO Box 948, Escanaba, MI 49829
In Person: 410 Ludington Street, 2nd Floor

Permit # _____

Permit Date _____

City of Escanaba
DEMOLITION PERMIT APPLICATION

Revised – 3/28/19

We, the undersigned, owner(s)/agent(s) of the following described property hereby apply to you for a Demolition Permit. The property owner(s) has verified any existing utility placements. The applicant certifies the information submitted is accurate. The applicant states that he/she has the property owner's authority to execute this agreement and permit. Any permit issued upon a false statement of any fact which is material to the issuance hereof, shall be void.

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT LEGIBLY.

PROPERTY Information

Property Address _____ Parcel # _____

Type of Lot (Check One) Corner Lot Interior Lot Other _____

Length of Lot _____ Width of Lot _____ Total Square Feet _____

OWNER Information

Property Owner Name _____

Mailing Address _____

Phone Number _____ E-Mail Address _____

PROJECT Information

Type of Building to be Demolished:

Residential Garage Shed Wireless Tower Commercial Industrial Other _____

Construction Type: Frame Brick Stone Other _____

Size of Building (sq. ft.): _____ **Estimated Value of Demolition** _____

Utilities/Public Property Involved: (Deposits paid at Utilities Window PRIOR to application submission to Zoning Dept.)

Component		Deposit Required	Date Paid	Utilities Initials
Electric Disconnect	<input type="checkbox"/> Yes <input type="checkbox"/> No	None		
Water Disconnect	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$350		
Sewer Disconnect	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$350		
Street/Sidewalk/Other Public Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$350		

A sketch plan of the property with buildings slated for demolition marked and grading plans has been attached. Yes No

I understand that all sub-surface materials must be removed and filled to existing site levels. Yes No

The Delta County Solid Waste Management Authority has been contacted about the proposed demolition. Yes No

If asbestos may be present, a MI DEQ Notification of Intent to Renovate/Demolish form has been filed. N/A Yes No

CONTRACTOR Information

Check here if you are the property owner and will act as your own demolition contractor.

Company Name _____ Contact Person _____

Mailing Address _____

Phone Number _____ E-Mail Address _____

APPLICANT Information –

*****IF APPLICANT IS NOT THE OWNER, A NOTARIZED LETTER OF AUTHORIZATION FORM IS REQUIRED** (see attached)

I hereby certify that all information in this application is correct and all work will comply with the City of Escanaba Zoning Ordinance and all other applicable State and local laws, ordinances and regulations. The Community Preservation Department will be notified of any changes in the approved plans and specifications for the project permitted herein. **I further understand that submission of this application is NOT an authorization to begin work. Work may only commence after approval and issuance of the permit.**

Applicant Name _____

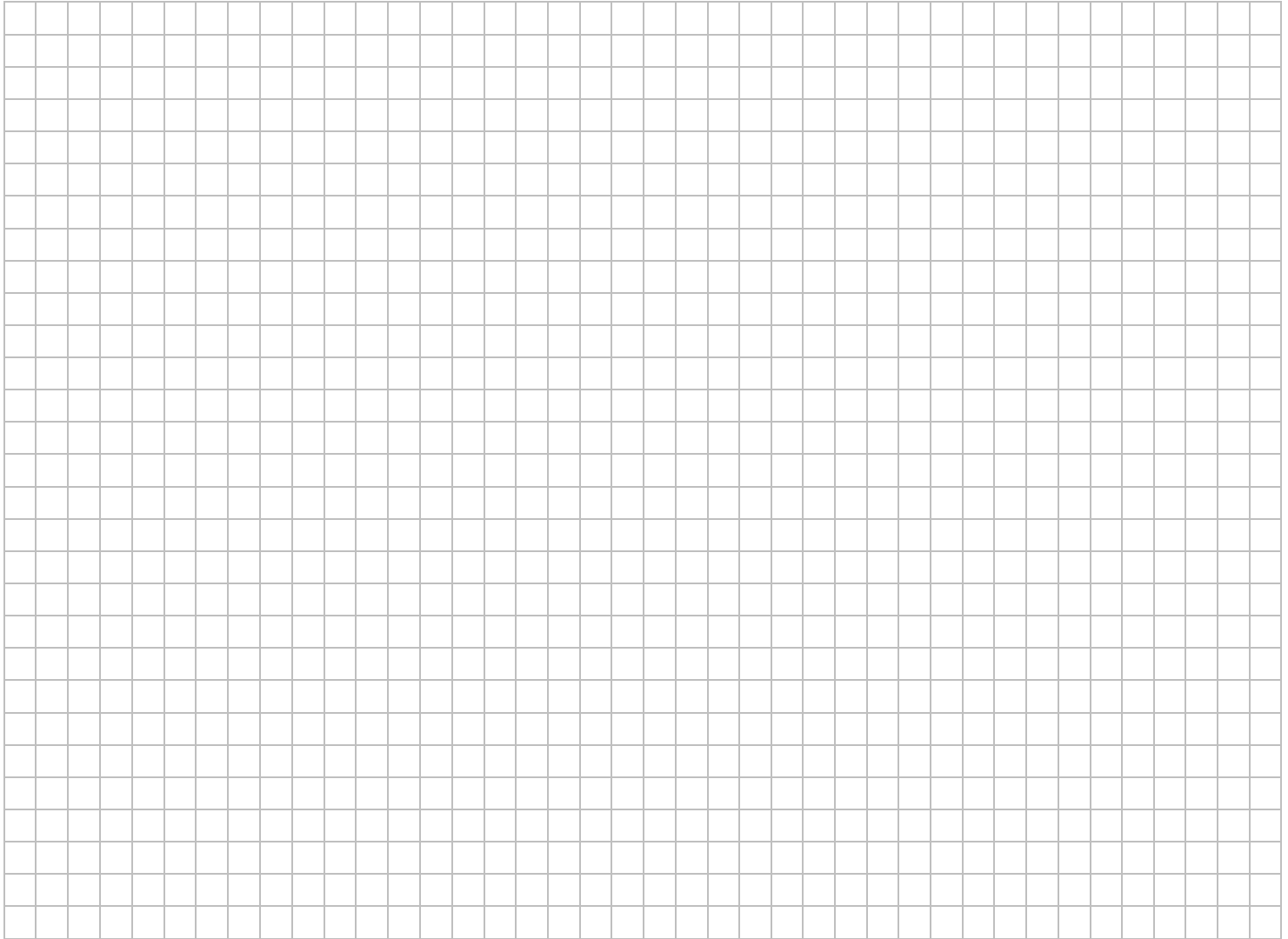
Signature _____ Date _____

PLEASE PROVIDE A SKETCH PLAN DRAWING

Property Address _____ Owner Name _____

The following information must be shown on the sketch plan:

- Show and label **property lines** and dimensions
- Show and label adjoining **rights-of-way, curb, and pavement location** and dimensions.
- Show and label **all structures** and dimensions.
- Show **all building setback distances** from the property lines and between structures.
- Show **driveway location** and dimensions and all parking spaces.



FOR OFFICE USE ONLY BELOW THIS LINE

Property Zoning Designation _____

FINAL PERMIT DETERMINATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Special Requirements of Approval	Reason(s) for Denial

Signature of Reviewer _____ Date _____

LETTER OF AUTHORIZATION TO OBTAIN A DEMOLITION PERMIT

The purpose of this form is to authorize an outside party to obtain a Demolition Permits on behalf of the property owner. By authorizing this letter, the property owner fully understands complete ordinance compliance is the ultimate responsibility of the property owner.

DATE: _____

To Whom It May Concern:

I, _____, as the owner or agent for the property listed as _____, Escanaba, MI 49829 do authorize _____ or their authorized agent, to obtain a Demolition Permit for the above referenced property on my behalf.

Owner or Agent Signature: _____ Date: _____

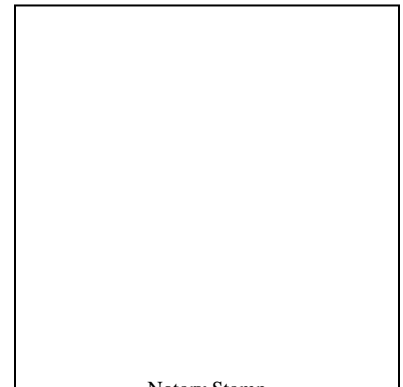
Phone Number: _____

Email Address: _____

Sworn and subscribed to before me this _____ day of _____, 20____
and being personally known to me as _____.

Notary Public

My commission expires: _____,
for _____ County, MI.



**THE DEMOLITION OF A BUILDING,
ABANDONMENT OF SEWER AND WATER CONNECTIONS,
AND REPAIR OF WORK DONE ON PUBLIC PROPERTY**

APPLYING FOR A DEMOLITION PERMIT

- If a person other than the responsible property owner files for the permit, a notarized letter of authorization to obtain a Demolition Permit must be submitted with said application.
- A sketch plan must be included in accordance with Zoning Ordinance Section 1809 – Sketch Plan Diagram Requirements for review by the Code Official for compliance to demolition standards.
 - For the demolition of any building or structure requiring fill, the fill may not increase the lot elevation above the existing site level without prior evaluation by and determination of the Code Official or designee.
 - All sub-surface materials such as concrete or block foundation must be removed and properly disposed of. The excavation site must be properly filled to existing site levels with clean fill.
- The property owner or responsible person shall pay the following fees and/or deposits at the time of application (if applicable):
 - **Demolition Permit** \$30.00 Fee
 - **Sewer Disconnection** \$350.00 Deposit
 - **Water Disconnection** \$350.00 Deposit
 - **Street, Sidewalk or other Public Property** \$350.00 Deposit
- If any work is located within the City’s right-of-way, an Excavation/ROW Permit is also required.
 - **Excavation/ROW Permit** \$20.00 Fee
- Call MISS DIG before excavation and demolition (1-800-482-7171)

ABANDONMENT OF SEWER AND WATER LINES

- **All abandonments of sewer lateral and water service connections and repair of work done on public property shall be the financial responsibility of the property owner and will be charged against the deposits.**
- All physical abandonments of the water service within the City’s right-of-way (ROW) shall be performed by the City of Escanaba.
- All physical abandonments of the wastewater lateral within the City’s ROW shall be performed by either the City of Escanaba or a private contractor who has obtained an Excavation/ROW permit from the City. All work and restoration must be completed to City specifications and must be inspected by the Wastewater Superintendent or their representative before bury.
 - If the lateral is shared with a neighbor, the abandonment must not terminate or cause damage to the other lateral or affect its connection to the city sewer. Said abandonment shall be in close proximity to the neighbor’s lateral. All such abandonments must be approved by the Wastewater Superintendent before excavation begins.

REPAIR OF WORK DONE ON PUBLIC PROPERTY

- If the demolition or abandonment of any building, sewer connection or water connection requires the removal and/or replacement of hard and/or soft surfaces (i.e. asphalt, cement, grass, etc.), the City of Escanaba will inspect and approve all repairs to ensure workmanship and quality of installation standards are met.
- In the event repairs must be made by the City of Escanaba, all labor, material, etc. shall be applied against the deposit. Should this type of restoration be conducted by a private contractor, a final Inspection must be conducted and approved by the City Engineer or their representative.

Should costs exceed the amount of the deposits, the property owner or responsible person shall be responsible for all excess costs. The City of Escanaba shall provide an itemized invoice of costs to the property owner and/or responsible person and will provide a refund of any excess deposit.

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
(MDEQ) AIR QUALITY DIVISION
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

DEQ/LARA 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. _____

Calculate LARA 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 DEQ and LARA may apply):

DEQ (NESHAP) [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

LARA (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.

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:

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: _____

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.
Category I Category II

Units of Measure

				<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).

(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 LARA): 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 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 LARA)
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 LARA 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>

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

517.284.7699 (office), 517.284.7700 (fax)

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.

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

517.284.6777 (Office)