

Single Family Residential

NO. D _____

Demolition Permit

Date: _____

Application for Demolition Permit

Village of South Rockwood
5676 Carleton Rockwood Rd.
P.O. Box 85
South Rockwood, MI 48179
734-379-3683

Contractor

Phone Number

Street Address

City/State & Zip

Reg. No. _____

To install and connect the following work in
Accordance with Village Ordinances.

At: _____ Street

Between

Owner: _____

Address: _____

Request to demolish:

Signature of Applicant: _____

Permit issued by: _____

All materials and debris must be removed to
an approved site.

List all materials separately on reverse side.

Site plan, determine where utilities and
buildings are and what structures are
coming down.

Who's requesting to demolish
structure.

Owner's signature

Call Miss Dig three days in advance
1-800-482-7171. Need excavation
number: _____

Get in writing from all utilities that the
utility has been removed from the
property.

Edison: _____

Gas: _____

Water: _____

Sewer: _____

Other: _____

Cost/value _____

(value of demo, removal, dump fees)

Type of construction:

(Residential, commercial, industrial)
based on cost of demolition.

Permit fee: _____

Application fee: \$15.00

Other: _____

Total: _____

Identify site name: _____

Address: _____

Phone #: _____

State Lic. or reg's #: _____

Village of South Rockwood
5676 Carleton Rockwood Rd.
P.O. Box 85
South Rockwood, MI 48179
734-379-3683

NAME: _____ TELEPHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

LICENSE NO: _____ EXPIRATION DATE: _____

FEDERAL EMPLOYER ID NUMBER OR REASON FOR

EXEMPTION: _____

WORKERS COMP INSURANCE OR REASON FOR

EXEMPTION: _____

MESC EMPLOYER NUMBER OR REASON FOR

EXEMPTION: _____

“Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, 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 residential structure. Violators of section 23a are subjected to civil fines.”

Signature of Licensed Contractor

Date

Signature of applicant

Date

Affidavit of exemption under PA 299 of 1980 Section 2043B: I undersigned, duly sworn, depose and say I am exempt from this act and I am the owner of the property and wish to construct a structure for my sole use and occupancy.

“Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirement of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.”

Thereby assume the responsibility of complying with appropriate codes and circumstances, and assume responsibility for obtaining approval of demolition and calling for inspections. I understand that a final inspection is required to verify that the property is properly graded and seeded.

OWNER'S ESTIMATED VALUE, INCLUDING LABOR & MATERIALS \$ _____

Be advised that the owner/applicant is responsible to inform any sub-contractor if the fee has been prepaid. Further, NO REFUNDS will be issued on any duplicate permits.

Owner: _____ Approved: _____

LICENSED RESIDENTIAL BUILDER: _____

Rev: 10/22/2013

DEMOLITION CHECKLIST FOR THE VILLAGE OF SOUTH ROCKWOOD
SEPTEMBER 2005
REVISED April 2, 2014

1. Demolition application

a. Application Form

1. Owner or agent may sign. If the applicant is not the owner then a letter of approval is needed pursuant to paragraph (e) below.
2. Proof of ownership of the property must be submitted, such as deed or title insurance which matches the tax records for the property.
3. Contractor must be registered with the Village of South Rockwood.
4. Photos of existing structures and improvements showing, front, rear and side views of the structures and improvements.

b. Two copies of a plot plan showing:

1. Structures and improvements to be demolished
2. Structures that will remain
3. Approximate locations of
 - a. Wells
 - b. Septic tanks
 - c. Water service
 - d. Sewer service
 - e. Drains
 - f. Wetlands
 - g. Waterways

c. Letter from owner certifying that all utility service disconnections have been completed, including but not limited to:

1. Electrical
2. Water
3. Natural gas
4. Telephone
5. Cable
6. Other (please specify): _____)

d. Written proof from utility providers that service connections have been removed or sealed and appurtenant equipment such as meters and regulators have been removed.

e. Letter from property owner to the contractor giving permission to demolish the structure and/or improvements.

f. Provide a copy of the Miss Dig report number and site evaluation at time of application.

- g. Site should be made secure with barricades and fences prior to any demolition, as required by the building official.
 - h. Both the Building Inspector and Village Council reserve the right to require additional inspections.
 - i. Applicant or Contractor must provide a copy of an Insurance certificate in the amount of \$1,000,000 listing the Village of South Rockwood, its inspector and employees as additional insured.
 - j. Contractor shall indemnify and hold the Village harmless from all losses on the project.
2. Sewer cap-off inspection
- a. Diagram of cap off location
 - b. Visible marker of location of cap-off.
 - c. All outstanding bills for service must be paid prior to approval of application
 - d. Village inspection of cap off
 - e. If there is a septic tank it must be broken open, pumped out and filled with sand in a manner approved by the building official and county health department.
 - f. Contractor must give village notification for village inspection.
 - g. Contractor shall terminate existing sanitary and storm sewers at the property line closest to the connection to the main. Contractor shall ensure a watertight termination and record the location with triangulation measurements on the demolition permit. The contractor shall cap the sanitary sewer line using a 6" Fernco or regular clay cap for a 6" hub or clay pipe.
3. Water disconnection
- a. Contractor shall diagram disconnection location and record the location with triangulation measurements on the demolition permit.
 - b. Visible marker of disconnection location
 - c. All outstanding bills for service must be paid prior to approval of application.
 - d. Only village officials are permitted to disconnect the water service.
 - e. Contractor shall terminate existing water lines at the curb stop and ensure a watertight termination and record the location with triangulation measurements on the demolition permit checklist.
4. Verification of extermination of rodents and insects prior to demolition.
5. Application and permits may be required from other agencies including but not limited to:
- a. Monroe County Drain commissioner.
 - b. Monroe County Environmental Health Department
 - c. Michigan Department of Environmental Quality as to

1. Flood plain
 2. Wetlands
 3. Asbestos removal program. A copy of application to MDEQ must accompany the local application to demolish and proof of license for such work
 - d. Soil erosion permit from drain commissioner, if needed.
 - e. Other agencies _____
-

6. Required inspections at

- a. Water disconnection
- b. Site inspection prior to issuance of permit
- c. Foundation removal or open hole
- d. Sanitary cap installation
- e. Final grade

7. Requirements of demolition

- a. Job completed within 30 days of permit approval.
- b. Building, improvements, foundations, basement floors and basement walls shall be completely removed.
- c. Remove all garages, sheds and accessory and temporary structures including but not limited to poles, decks, fences, retaining wall, carport, pools and play structures.
- d. Remove all hard surfaces including but not limited to concrete, masonry, asphalt and hard packed stone or gravel excluding public sidewalks.
- e. All underground storage tanks, flammable and non flammable shall be removed in the presence of a fire department representative.
- f. Excavations shall be back filled with clean fill and compacted to 95% and the building official may require compaction testing paid by the contractor.
- g. No combustible materials shall be used in the fill.
- h. Final grade level to prevent surface water from flowing onto adjacent properties.
- i. Top six inches of fill must be black soil.
- j. Demolition site to be seeded with grass and straw after surface has been graded smooth if no approved building permit exists for a replacement structure.
- k. Dust and debris control measures must be maintained on site to prevent tracking mud and dirt offsite. Debris shall be cleaned up on a daily basis.
- l. Compliance with federal, state and local statutes, ordinances and regulations is the responsibility of the owner and contractor and they shall hold the village harmless from any violations and monetary consequences of non-compliance.
- m. If contaminated soil exists on site an environmental testing agency will be required to ensure contamination has been properly disposed of.
- n. Work hours shall be limited to daylight hours.
- o. No equipment or dumpsters shall be placed in the street during the demolition.

9. Sealed off sewer leads which are left underground on the site can only be used if they are televised prior to the proposed reattachment. If the prior lead is shown to comply with the Village requirements at the time of the reconnection as if the reconnection is a part of a new installation. A new sewer tap fee will be required for a reconnection.

On _____ 20__ the undersigned owner and on _____ 20__ contractor acknowledge receipt of the foregoing Demolition Checklist for the Village of South Rockwood. They agree to comply with the above requirements, Village ordinance and the requirements of any other governmental agency.

Owner

Contractor

Phone number

Phone number

E-mail address

E-mail address

Property address for demolition

License number (copy attached)

Tax identification parcel number

Insurance company

Insurance Agent's name

Insurance agent's address

Insurance agent's phone number

Certificate of insurance number
adding property owner and village
as additional insured (copy attached).

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR QUALITY DIVISION

NESHAP Asbestos Guidelines for Renovation/Demolition Operations

DEMOLITION PROJECTS

Demolition projects involving commercial buildings and structures are regulated through the federal National Emission Standards for Hazardous Air Pollutants (NESHAP). Single family homes may be regulated if part of a public or private project. The definition of demolition in the NESHAP regulations is as follows:

"The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility."

- All commercial demolitions are regulated through the NESHAP and a 10 working day notification is required.
- An asbestos inspection by an accredited asbestos inspector is required prior to demolition of commercial facilities.
- All regulated asbestos containing material must be removed prior to demolition of a regulated facility.
- All facilities burned by a fire department for training are regulated through the NESHAP and a 10 working day notification is required.

RENOVATION PROJECTS

Your project may be regulated through the federal NESHAP and the following may apply:

- A thorough asbestos inspection may be required to be performed by an accredited asbestos inspector.
- Notification form submittal may be required.
- Asbestos abatement may be required.

QUESTIONS?

Please contact the Asbestos Inspectors with the Michigan Department of Environmental Quality, Air Quality Division, if you would like further information and/or forms.

Bob Christmas - Lower Peninsula
517-335-4639
christmr@michigan.gov
FAX: 517-335-3122

Chad Rogers - Lower Peninsula
517-241-7532
rogersc1@michigan.gov
FAX: 517-335-3122

Joel Asher - Upper Peninsula
906-346-8502
asherj@michigan.gov
FAX: 906-346-4480

Thomas Vincent - Wayne County
313-456-4686
vincentt@michigan.gov
FAX: 313-456-4692

Contact Us



Air Quality Division
 Field Operations Section
 National Emission Standard for Hazardous Air Pollutants (NESHAP), Asbestos Program

NESHAP Asbestos Program
 Department of Environmental Quality - Air Quality
 P.O. Box 30260
 Lansing, MI 48909-7760

NESHAP Asbestos Program Staff	Phone Number	Email Address	Responsibility
Karen Kajiya-Mills	517-284-6780	kajiya-millsk@michigan.gov	Program Manager
Kimberly Dohm	517-284-6777	dohmk@michigan.gov	Notification Coordinator, General Information and Complaints
Joel Asher	906-250-5123	asherj@michigan.gov	Upper & Northern Lower Peninsula Inspector, General Information and Complaints
Tammy Bell	313-456-4686	bellt4@michigan.gov	South East Lower Peninsula Inspector, General Information and Complaints
Joe Goeddeke	313-456-4687	goeddekej@michigan.gov	South East Lower Peninsula Inspector, General Information and Complaints
Sharon LeBlanc	989-894-6212	leblancs@michigan.gov	Northern Lower Peninsula & thumb area Inspector, General Information and Complaints
Jessica Magro	517-284-6781	magroj@michigan.gov	Central & Western Lower Peninsula Inspector, General Information and Complaints

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. _____

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: _____

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.

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 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.		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 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

517.322.1320 (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
 DEQ, AQD
 P.O. Box 30260
 Lansing, MI 48909-7760

517.241.7463 (Office)
 517.373.7064 (Revision Line)

Wayne County Only

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

313.456.4686 (Office)
 313.456.2558 (Revision Line)