



APPLICATION FOR DEMOLITION PERMIT

**TOWN OF CALLAHAN
BUILDING / ZONING DEPARTMENT
TELEPHONE NUMBER 904-879-3801 FAX NUMBER 904-879-6151**

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO DEMO PROPERTY INDICATED BELOW:

PARCEL ID# _____

DATE: _____ BUILDING PERMIT # _____

NOTE: THE BUILDING PERMIT NUMBER IS REQUIRED IF THE DEMOLITION IS ASSOCIATED WITH ANY CONSTRUCTION OR ALTERATION WHERE A BUILDING PERMIT HAS BEEN ISSUED AND MUST BE APPROVED BY HDC IF APPLICABLE.

PROPERTY OWNER: _____ PHONE# _____

JOB ADDRESS: _____ SUBDIVISION: _____

TYPE OF STRUCTURE OF DEMO: _____

DESCRIPTION OF DEMO: _____

COST OF JOB: _____

****NOTICE OF OWNER: IT IS THE RESPONSIBILITY OF THE OWNER OR OPERATOR TO COMPLY WITH THE PROVISIONS OF FLORIDA STATUTE 469.002 RELATING TO THE REMOVAL OF ASBESTOS AND TO NOTIFY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION (D.E.P.) OF INTENT TO REMOVE ASBESTOS.**

I HEREBY MAKE APPLICATION FOR PERMIT AS OUTLINED ABOVE, AND IF SAME IS GRANTED I AGREE TO CONFORM TO ALL BUILDING REGULATIONS AND ORDINANCES REGULATING SAME AND IN ACCORDANCE WITH PLANS SUBMITTED. THE ISSUANCE OF THIS PERMIT DOES NOT GRANT PERMISSION TO VIOLATE ANY APPLICABLE STATE OF FLORIDA CODES AND/OR ORDINANCES.

CONTRACTOR COMPANY NAME: _____

CONTRACTORS NAME/ ADDRESS/ PHONE# _____

CONTRACTORS SIGNATURE _____

****WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**



Florida Department of
Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
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NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY) ☐ ORIGINAL ☐ REVISED ☐ CANCELLATION ☐ COURTESY

TYPE OF PROJECT (CHECK ONE ONLY) ☐ DEMOLITION ☐ RENOVATION

IF DEMOLITION, IS IT AN ORDERED DEMOLITION? ☐ YES ☐ NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION? ☐ YES ☐ NO

IS IT A PLANNED RENOVATION OPERATION? ☐ YES ☐ NO

I. Facility Name _____

Address _____

City _____ State _____ Zip _____ County _____

Site _____ Consultant Inspecting Site _____

Building Size _____ (Square feet) # of Floors _____ Building Age in Years _____

Prior Use: ☐ School/College/University ☐ Residence ☐ Small Business ☐ Other _____

Present Use: ☐ School/College/University ☐ Residence ☐ Small Business ☐ Other _____

II. Facility Owner _____ Phone (_____) _____ Email Address _____

Address _____

City _____ State _____ Zip _____

III. Contractor's Name _____ Phone (_____) _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), F.S.? ☐ Yes ☐ No

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: _____ Finish: _____ Demo/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. Description of planned demolition or renovation work to be performed and methods to be employed, including

demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method*	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
Other _____			

*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: _____

VII. Asbestos Waste Transporter: Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

VIII. Waste Disposal Site: Name _____ Class _____

Address _____

City _____ State _____ Zip _____

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. _____

Amount of RACM or ACM*

RACM **ACM**

_____ square feet surfacing material
_____ linear feet pipe
_____ cubic feet of RACM off facility components
_____ square feet cementitious material
_____ square feet resilient flooring

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Name: _____
Address: _____
City: _____
State/Zip: _____

*Identify and describe surfacing material and other materials as applicable: _____

I certify that the above information is correct and 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,

(Print Name of Owner/Operator)

(Date)

(Signature of Owner/Operator)

(Date)

Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/ operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/ inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.

The Asbestos Removal Program



If you have questions about asbestos training, licensure or certification, please contact the Florida Department of Business and Professional Regulation at 850-487-1395.

Asbestos is well-recognized as a health hazard and is highly regulated. The U.S. Environmental Protection Agency (EPA) and the U.S. Occupational Safety Health Administration (OSHA) asbestos regulations are intertwined in this area.

DEP administers an asbestos removal program under Chapter 62-257, Florida Administrative Code. The program's intent is to prevent the release of asbestos fibers to the outside air during demolition or renovation activities.

The program requires prior notification to DEP on all demolitions (i.e., load bearing structures) and for the removal of asbestos-containing material from all applicable sources meeting or exceeding the thresholds identified in the Asbestos National Emission Standards for Hazardous Air Pollutants regulations. The Online Asbestos Notification System may be used to submit the notification, but the notification must still be submitted at least 10 working days before the project start date.

If sending this Notice of Demolition or Asbestos Renovation using the following form, it must be postmarked or received at least 10 working days before the project start date.

- Notice of Demolition or Asbestos Notification, DEP Form No. 62-257.900(1)
Often, questions arise concerning compliance with asbestos regulations in Florida. The Asbestos Letters, Determinations and Clarifications webpage provides information to assist in answering these compliance questions. The Asbestos Letters, Determinations and Clarifications page contains memoranda issued by DEP or its agents and EPA on applicability and compliance issues associated with the Asbestos National Emissions Standard for Hazardous Air Pollutants (NESHAP, 40 CFR Part 61, Subpart M).
- Asbestos Letters, Determinations and Clarifications
- Asbestos Frequently Asked Questions (Regulations & Roofing)
- Florida Asbestos National Emissions Standard for Hazardous Air Pollutants
Contacts can be found by contacting the appropriate DEP district or local program office. If your county is covered by a local program, contact that office first.
 - DEP Districts/Counties map

District Air Compliance Contacts	Jurisdiction (Names in italics have local programs)	Main Phone Number
<u>Central</u>	Brevard, Lake, Marion, Orange , Osceola, Seminole, Sumter, Volusia counties	407-897-4100
<u>Northeast</u>	Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval , Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor and Union counties	904-256-1700