

Demolition Application Checklist

Submit the following documents with a signed Demolition Permit Application to: Tulalip Tribes Community Development Department (CDD), 6406 Marine DR NW, Tulalip, WA 98271

1	Property ownership information (Property Title or Title Status Report or Land Lease).
2	If the applicant is different than the property owner, an authorization letter from the property owner is required with the application.
3	Site plan showing which structure(s) will be demolished on the property.
4	Project location map.
5	Two photographs of the existing structure (front and side views).
6	Signed utility disconnection notification checklist.
7	Asbestos Survey Report prepared by certified asbestos inspector.
8	Application Fee: \$50. Payment may be made in person by check or cash. If mailed, please provide a check made out to: The Tulalip Tribes.

*Asbestos Notification

*If the asbestos survey report indicates the presence of more than **one percent** asbestos, the following submittals are required prior to any asbestos removal.

1	Fill out and sign the U.S. EPA Notification of Demolition and Renovation form found at www.epa.gov and provide a signed printed copy to CDD. CDD will mail the form to the U.S. EPA. The U.S. EPA will process the form within 10 working days. No demolition may occur for asbestos projects prior to the form being processed.
3	Ask your contactor for a copy of their <i>Asbestos Abatement certification</i> and provide a copy with your application to CDD. (Note: This certification requirement does not apply to asbestos projects conducted in an owner-occupied, single-family residence performed by the resident owner of the dwelling.)

*******Note: Applicant is responsible for submission and tracking of required documents*******

*Further details regarding Title 8.25 on **Asbestos Control Standards** can be found on www.codepublishing.com/wa/tulalip or a copy of the code can be obtained through the CDD.

*Demolition Permit Execution

*The following tasks are standard for most demolition projects. There may be additional tasks for your project.

1	Asbestos projects shall be conducted in a controlled area, clearly marked by barriers and asbestos warning signs. Access to the controlled area shall be restricted to authorized personnel only. Title 8.25.650(2)(a).
2	The disconnection of utilities must be verified prior to commencing work.
3	Traffic control signs, barricades, canopies and flagmen are provided if necessary.
4	A pre-demolition inspection is schedule with CDD to verify the first three permit execution tasks.
5	For asbestos projects, provide CDD with a copy of the stamp-received Waste Shipment Record from certified dump site. Please refer to Title 8.25.670(2)) -Waste Tracking Requirements found on back of page.
6	For general waste, provide CDD with a copy of a ticket or receipt from the dump site.
7	Schedule a final inspection with CDD before removing safety fencing and demolition signage.

Waste Tracking Requirements (*Tulalip Tribal Codes Title 8.25.670(2)*):

- (1) Except as provided in subsection (3) of this section, it shall be unlawful for any person to cause or allow the disposal of asbestos-containing waste material unless it is deposited within 10 days of removal at a waste disposal site authorized to accept such waste.
- (2) Waste Tracking Requirements. It shall be unlawful for any person to cause or allow the disposal of asbestos-containing waste material unless the following requirements are met:
 - (a) Maintain waste shipment records, beginning prior to transport, using a form that includes the following information:
 - (i) The name, address, and telephone number of the waste generator;
 - (ii) The approximate quantity in cubic meters or cubic yards;
 - (iii) The name and telephone number of the disposal site operator;
 - (iv) The name and physical site location of the disposal site;
 - (v) The date transported;
 - (vi) The name, address, and telephone number of the transporter; and
 - (vii) A certification that the contents of the consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition to transport by highway according to applicable international and governmental regulations.
 - (b) Provide a copy of the waste shipment record to the disposal site at the same time the asbestos-containing waste material is delivered.
 - (c) If a copy of the waste shipment record, signed by the owner or operator of the disposal site, is not received by the waste generator within 35 calendar days of the date the waste was accepted by the initial transporter, contact the transporter and/or the owner or operator of the disposal site to determine the status of the waste shipment.
 - (d) If a copy of the waste shipment record, signed by the owner or operator of the disposal site, is not received by the waste generator within 45 days of the date the waste was accepted by the initial transporter, report in writing to the Control Officer. Include in the report a copy of the waste shipment record and a cover letter signed by the waste generator explaining the efforts taken to locate the asbestos waste shipment and the results of those efforts.
 - (e) Retain a copy of all waste shipment records, including a copy of the waste shipment record signed by the owner or operator of the designated waste disposal site, for at least two years.

**THE TULALIP TRIBES
DEMOLITION PERMIT APPLICATION**

Property Address: _____

Property Owner Name: _____

Mailing Address: _____

Phone: _____ (home) _____ (work)

Fax: _____

Applicant Name: _____

Applicant Mailing Address: _____

Phone: _____ (home) _____ (work)

Fax: _____

Applicant's relation to property owner: _____

Contractor Name or Company: _____

Contractor Mailing Address: _____

Phone: _____ (work)

Fax: _____

Legal Description of Property (Section, Township, Range):

Section _____ Township _____ Range _____

Property Site Acreage/SF: _____

Present use of the Property: _____

Total square footage of proposed building demolition: _____

Demolition work plan: Use the space provided to itemize existing building materials to be demolished, work tasks (how the structure will be demolished and equipment used), anticipated work schedule (duration of work, start date and end date): Please provide information on a separate sheet if additional space is needed.

What services are currently available at the site?

Public Water Individual Well Public Sewer Septic System

I hereby certify that I have prepared this application and site plan and that, to the best of my knowledge, the information provided is complete, accurate, and a true representation of the proposed development, I further attest that I have the authority to submit this application and agree to comply with any and all conditions of development permit approval. I agree to provide any additional information required and understand that if the scope of the project is modified, a new application may be required.

Applicant's Signature

Date



The Tulalip Tribes
 Community Development Department
 6406 Marine Drive, NW, Tulalip, WA 98271
 (360) 716-4214, (360) 716-0189 FAX

UTILITIES DISCONNECTION CHECKLIST FOR DEMOLITION PROJECTS

This Demolition Pre-Application Checklist must be filled out completely to verify that all utilities have been disconnected prior to demolition, including water and sewer service piping which must be properly capped or plugged.

<u>Building Owner</u>	<u>Contractor</u>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Phone: _____	Phone: _____
Signature: _____	Contractor ID#: _____

Site Address/Location: _____

Scope of work: _____

Allotment number if applicable: _____ Section: _____ Township: _____ Range: _____

Checklist	Applicant please check one	
	Not Applicable	Applicable
Notify Tulalip Tribes Utilities Department (360-716-4840) or Snohomish County P. U. D. (425-783-1000) of impending demolition to ensure proper disconnection.	<input type="checkbox"/>	<input type="checkbox"/>
Notify telephone and cable provider of impending demolition to ensure proper disconnection	<input type="checkbox"/>	<input type="checkbox"/>
Septic tank removed OR septic tank pumped and filled with 5/8 minus crushed rock OR sides broken down and filled with inert material. Pumping invoice must be available on site at the time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>
Sewer line plugged at property line with a similar material as the stub. (PVC cap or plug, concrete plug at bell or concrete mix in spigot end)	<input type="checkbox"/>	<input type="checkbox"/>
Water line cut and capped at property line.	<input type="checkbox"/>	<input type="checkbox"/>
Well capped in accordance with DOE standards by a certified well contractor. Provide copy of the well decommissioning report.	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that I have understood the contents of this form and that the information provided is true and correct:
(applicant signature) _____ x.

Note: The above utilities shall be disconnected and services performed, if applicable, prior to issuance of the demolition permit. Inspection is required prior to backfilling. 24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS. Please call Tim Nordtvedt, Pacific Rim Code Services at (425) 239-2472 or Ray Fryberg Jr (360) 716-4214 to schedule an inspection.

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Site Location : _____ Building Size (square feet): _____ # of Floors: _____ Age in Years: _____ Present Use: _____ Prior Use: _____							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Removal Contractor Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: _____ Complete: _____							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:
XII.	<p>Waste Transporter #1</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p> <p>Waste Transporter #2</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>
XIII.	<p>Waste Disposal</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>
XIV.	<p>Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)</p> <ol style="list-style-type: none"> 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____
XV.	<p>Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)</p> <ol style="list-style-type: none"> 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.
XVII.	<p>I certify that an individual trained in the provisions of NESHAP (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 during normal business hours.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Owner/Operator Date Type or Print Name and Title</p>
XVIII.	<p>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Owner/Operator Date Type or Print Name and Title</p>