

## DEMOLITION REMOVAL SUBMITTAL REQUIREMENTS

**PLEASE NOTE:** This information is a general guide and should not be used as a substitute for current codes and regulations. Contact the permit department at (509)698-7365 for more information.

\_\_\_\_\_ Completed Permit Application, which should include exact street Address, Parcel Number, Contractor license number and expiration.

\_\_\_\_\_ Yakima Regional Clean Air Authority “Notification of Demolition and Renovation” must be completed and submitted to the Clean Air Authority 10 working days prior to commencement and a copy of permit from Clean Air submitted to this office.

\_\_\_\_\_ Department of Labor & Industries “Notice of Asbestos Abatement Project” must be completed and submitted to the L&I office 10 working days prior to commencement and a copy of the permit/ authorization from Labor & Industries submitted to this office.

Additional information and forms can be found at our City’s web site, [www.ci.selah.wa.us](http://www.ci.selah.wa.us), following the tab for “Public Services”, “Building Permits”

**CITY OF SELAH  
PERMIT APPLICATION FORM  
698-7365 or 698-7369**

**Application to be filled out in full for proper consideration**

**Job Address:** \_\_\_\_\_ **Parcel No:** \_\_\_\_\_

**Valuation \$** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Use Zone** \_\_\_\_\_ **Set Backs:** N \_\_\_\_\_ E \_\_\_\_\_ S \_\_\_\_\_ W \_\_\_\_\_

**General Contractor:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**St. License No:** \_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mechanical Contractor:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Architect:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Sign Company:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Description of work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The grant of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of Contractor      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if builder)      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Print Name \_\_\_\_\_

Application accepted by: \_\_\_\_\_

SCALE: 1" =

**CITY OF SELAH**  
**PLOT PLAN**

ZONE: \_\_\_\_\_

*REQUIRED BEFORE BUILDING PERMIT WILL BE ISSUED*

Minimum Setback Requirements:

BUILDING PERMIT NUMBER \_\_\_\_\_

Front \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_ ACREAGE \_\_\_\_\_

Side \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

Rear \_\_\_\_\_

DATE \_\_\_\_\_



### NOTIFICATION OF DEMOLITION AND RENOVATION

FEE RECEIVED	POSTMARK	DATE RECEIVED	NOTIFICATION #
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I. TYPE OF NOTIFICATION:  Original  Revised  Cancelled  Annual  Other

II. OWNER NAME \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

ABATEMENT CONTRACTOR \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

OTHER OPERATOR \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

III. TYPE OF OPERATION  Demolition  Renovation  Emergency Renovation  House Move  Other

IV. IS ASBESTOS PRESENT?  Yes  No

V. FACILITY DESCRIPTION (Include building name, number & floor/room number):  
Building Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Site Location of Asbestos (basement piping, main floor ceiling, exterior siding, etc.) \_\_\_\_\_

Building Size \_\_\_\_\_ # of Floors \_\_\_\_\_ Age in Years \_\_\_\_\_  
Present Use \_\_\_\_\_ Prior Use \_\_\_\_\_

VI. ASBESTOS SURVEY CONDUCTED?  Yes  No By Whom? \_\_\_\_\_  
Phone \_\_\_\_\_ Date Conducted \_\_\_\_\_ Location of Report \_\_\_\_\_

VII.

Quantity of Friable ACM To Be Removed	Description of Friable ACM To Be Removed	Quantity of Nonfriable ACM To Be Removed	Description of Nonfriable ACM To Be Removed
Pipes		Category I	
Surface Area		Category II	
Off Component		Other	

VIII. SCHEDULED DATES ASBESTOS REMOVAL Start \_\_\_\_\_ Complete \_\_\_\_\_  
SCHEDULED WORK WEEK \_\_\_\_\_ SCHEDULED WORK HOURS \_\_\_\_\_

IX. SCHEDULED DATES DEMOLITION OR RENOVATION Start \_\_\_\_\_ Complete \_\_\_\_\_

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK & METHODS TO BE USED  
(Notice - A Separate Dust Control Plan, in addition to this notification, may be required for demolition work)  
\_\_\_\_\_  
\_\_\_\_\_

XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS (Use additional paper if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



XII. WASTE TRANSPORTER \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_ Telephone \_\_\_\_\_

XIII. WASTE DISPOSAL SITE \_\_\_\_\_  
Location \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW  
Agency \_\_\_\_\_  
Date of Order \_\_\_\_\_ Date Ordered to Begin \_\_\_\_\_

XV. FOR EMERGENCY RENOVATION Date & Hour of the Emergency \_\_\_\_\_  
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. I CERTIFY THAT ALL WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE PROVISIONS OF 40 CFR, PART 61, SUBPART M, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED WILL BE AVAILABLE ON SITE FOR INSPECTION DURING NORMAL WORKING HOURS.

\_\_\_\_\_  
(Signature - Owner/Operator)

\_\_\_\_\_  
Date

XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
(Signature - Owner/Operator)

\_\_\_\_\_  
Date

**FEE SCHEDULE**

AMOUNT OF ASBESTOS TO BE REMOVED	FEE	TYPE
Over 10,000 L.F. OR Over 50,000 S.F.	\$867	Demolition Or Renovation
1,001-10,000 L.F. OR 5,001-50,000 S.F.	\$425	Demolition Or Renovation
261 - 1,000 L.F. OR 161 - 5,000 S.F.	\$164	Demolition Or Renovation
11 - 260 L.F. OR 49 - 160 S.F.	\$ 86	Demolition Or Renovation
0 - 10 L.F. OR 0 - 48 S.F.	\$ 44	Demolition
Any Amount	\$ 77	Renovation Conducted By Owner At An Owner Occupied Single Family Residence
Any Amount	\$167	Commercial Flat Built-up Roofs
Up to 260 L.F. OR 160 S.F.	\$338	Annual Notice
<b>OTHER CHARGES - ADD TO QUANTITY BASED FEE</b>		
Any Amount	\$87	Emergency Demolition or Renovation
Any Amount	\$39	Revision of Existing Notification

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department of Labor and Industries  
 Asbestos Certification Program  
 PO Box 44614  
 Olympia WA 98504-4614



# ASBESTOS ABATEMENT PROJECT NOTICE OF INTENT L&I DOSH ASBESTOS PROGRAM

This notice must be received no later than 10 calendar days prior to the start date.

Complete all applicable boxes—incomplete or illegible notices will not be accepted. Circle changes on amended notices.

Mail to the address above or fax to (360) 902-4409.

Submit this form online or get more information at <http://www.lni.wa.gov/TradesLicensing/LicensingReq/Asbestos/>

Notice date: / /	Initial <input type="checkbox"/> Amended <input type="checkbox"/>	Site Work Hours	Su	Mo	Tu	We	Th	Fr	Sa
Start date: / /	On Hold <input type="checkbox"/> Off Hold <input type="checkbox"/>	am                  am							
Completion: / /	Emergency <input type="checkbox"/>	to							
		pm                  pm	Project Dates and Work Hours must be Exact						

CONTRACTOR	PROPERTY OWNER
Company Name	Name
Contractor Certification Number	Owner's Agent
Signature	Company
Printed Name	Address
Phone Number	City                                  State                                  ZIP+4
Job Site C.A.S.	Phone number

JOB SITE	FACILITY
Address	Type
Building Name                                  Room	Age                                  Size
City    WA	<input type="checkbox"/> Remodel <input type="checkbox"/> Demolition
ZIP + 4                                  County	<input type="checkbox"/> Repair <input type="checkbox"/> Maintenance

**QUANTITY OF ASBESTOS TO BE:**       REMOVED       ENCAPSULATED

Quantity _____ square feet	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
<input type="checkbox"/> Fireproofing	<input type="checkbox"/> Boiler insulation
<input type="checkbox"/> Popcorn ceiling	<input type="checkbox"/> Duct paper
<input type="checkbox"/> CAB	<input type="checkbox"/> VAT
<input type="checkbox"/> Sheet vinyl	<input type="checkbox"/> Roofing
<input type="checkbox"/> Asbestos paper	<input type="checkbox"/> Other _____
Quantity _____ linear feet	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mag. pipe insulation	<input type="checkbox"/> Cement asbestos pipe
<input type="checkbox"/> Air cell pipe insulation	<input type="checkbox"/> Mudded pipe ins.
<input type="checkbox"/> Ducting/duct insulation	<input type="checkbox"/> Duct tape
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

CONTROL MEASURES			
<input type="checkbox"/> Neg. pres. enclosure	<input type="checkbox"/> Wrap & cut	<input type="checkbox"/> Glove bag	<input type="checkbox"/> Wet methods
<input type="checkbox"/> Mini enclosure	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Critical barriers	<input type="checkbox"/> Manual methods
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

RESPIRATORY PROTECTION			
<input type="checkbox"/> ½ mask APR	<input type="checkbox"/> Type C continuous flow	<input type="checkbox"/> Full face APR	<input type="checkbox"/> Type C pressure demand
<input type="checkbox"/> PAPR	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**YAKIMA REGIONAL CLEAN AIR AGENCY  
DEMOLITION and RENOVATION FACT SHEET**

Questions or other assistance regarding the requirements below may be addressed by contacting Yakima Regional Clean Air Agency (YRCAA), 329 N First Street, Yakima, WA 98901, phone (509) 834-2050, FAX (509) 834-2060. Or, contact our Compliance Specialist, Mark Edler, directly at extension 113 or by email: [mark@yrcaa.org](mailto:mark@yrcaa.org)

**Mark suggests: Ask questions well before starting any work.**

**1. ASBESTOS SURVEY REQUIREMENTS**

Prior to any demolition or renovation work, all structures must be inspected for the presence of Asbestos-Containing Materials (ACM). A report must be furnished that identifies the locations, types and quantities of asbestos found. The inspection must be done by a certified asbestos inspector.

**2. NOTIFICATION REQUIREMENTS**

Renovation – A notification must be submitted to YRCAA if asbestos-containing materials are found in or near the area being renovated, at least 10 days prior to any asbestos or renovation work.

Demolition – A notification must be submitted to YRCAA, whether asbestos is present or not, at least 10 days prior to any asbestos or demolition work.

**3. ASBESTOS REMOVAL**

Renovation – All asbestos that is likely to be disturbed by renovation work must be removed prior to the work.

Demolition – Except in rare cases, subject to prior written approval from YRCAA, all asbestos must be removed prior to demolition.

IMPORTANT: All ACM work must be accomplished by persons trained and certified in accordance with the standards established by L&I, OSHA and EPA and whose training and certification is current. This requirement does not apply to an owner resident conducting work in his or her own home (owner-inhabited only).

**4. COMPLIANCE WITH ASBESTOS REGULATIONS**

Any survey, planning, renovation, demolition or asbestos abatement work is subject to YRCAA Regulation 1, Section 3.07; 40 CFR Part 61, National Emissions Standards for Hazardous Air Pollutants (NESHAPS); and 40 CFR Part 763, Asbestos Model Accreditation Plan.

**5. BURNING of DEMOLITION or RENOVATION DEBRIS IS PROHIBITED IN WASHINGTON STATE**

Only natural vegetation may be burned, and then only outside of no-burn areas with a written permit from YRCAA. All outdoor burning is prohibited in urban growth areas.

**6. DUST SUPPRESSION**

Contact YRCAA to determine the requirements for a Dust Control Plan and appropriate dust control measures; if dust might pose a nuisance or be a detriment to health or safety, preventive measures must be taken to prevent airborne dust.