

Demolition Permit

Cynthiana- Harrison County- Berry Joint Planning Commission

111 South Main Street, Suite 102 Cynthiana, KY 41031 • (859) 234-7165 • Fax (859) 234-7211

Office Use only:

Application No. _____ Fee Amount: \$ 100.00 Date Fee Received: _____

1. APPLICANT _____

MAILING ADDRESS _____

PHONE NO. _____ (HOME) _____ (WORK)

2. TYPE OF REQUEST: Demolition Permit

3. PLEASE CIRCLE: Cynthiana / County / Berry

LOCATION OF DEMOLITION: _____

4. TYPE AND SIZE OF BUILDING: _____

5. DISPOSAL OF DEMOLITION DEBRIS: _____

LANDFILL LOCATION: _____

6. DESCRIPTION OF DEMOLITION PLAN _____

7. SUPPORTING INFORMATION: These items may be required for approval. (1) Illustration of property and building to be demolished. (2) Plan for demolition of structure and disposal of demolition debris. (3) Copy of asbestos testing paperwork (original should go to EPA). (4) Copy of 10 day demolition notification paperwork (original should go to EPA).

REQUIREMENTS FROM THE BUILDING CODE-

3301.1 CONSTRUCTION DOCUMENTS. Construction documents and a schedule for demolition must be submitted when required by the building official. Where such is required, no work shall be done until such construction documents or schedule, or both, are approved.

3303.2 PEDESTRIAN PROTECTION. The work of demolishing any building shall not be commenced until pedestrian protection is in place as required by the chapter.

3303.3 MEANS OF EGRESS. A party wall balcony or horizontal exit shall not be destroyed unless and until a substitute means of egress has been provided and approved.

3303.4 VACANT LOT. Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade or in accordance with the ordinances of the jurisdiction having authority.

3303.5 WATER ACCUMULATION. Provision shall be made to prevent the accumulation of water or damage to any foundations on the premises or adjoining property.

3303.6 UTILITY CONNECTIONS. Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority having jurisdiction.

The aforementioned requirement shall be the responsibility of the applicant to insure compliance and to incur all cost associated to insure compliance.

8. Utility termination and disconnection from the City of Cynthiana Water and Sewer Services,

Notification date: _____ Completion date and inspection: _____

Water Dept.

Wastewater Dept.

Cynthiana Utility Clerk: _____

I hereby certify that information contained in this application and supporting attachments is true and correct.

APPLICANT SIGNATURE _____

DATE _____

Administrators signature or designee: _____ Date _____

Notes: _____



**ENVIRONMENTAL AND
PUBLIC PROTECTION CABINET**

DREW VARGO

ENVIRONMENTAL INSPECTOR

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION FOR AIR QUALITY

FLORENCE REGIONAL OFFICE

8020 VETERANS MEMORIAL DR., STE. 110

FLORENCE, KY 41042

PHONE: (859) 525-4923

FAX: (859) 525-4157

EMAIL: drew.vargo@ky.gov

Environmental Emergency, 24-hour, (502) 564-2380 or (800) 928-2380

Kentucky Division for Air Quality
 200 Fair Oaks Lane, 1st Floor
 Frankfort, KY 40601
 Phone 502-564-3999; Fax 502-564-4666
 File Form with Regional Office in Region Where Project will be Performed

**NOTIFICATION OF ASBESTOS
 ABATEMENT/DEMOLITION/RENOVATION**

(Instructions for completing form on back)

OFFICE USE ONLY	
ID # _____	_____
LOG # _____	_____

Contractor _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Contact Person _____
Owner _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Contact Person _____
Project Location _____
 Address _____
 City _____ County _____ Zip _____
 Facility Age (yrs.) _____ Size of Facility or Affected Part (sq.ft.) _____
 #Floors Affected _____ Present and Prior Use of Facility _____

TYPE OF PROJECT (CHECK ONLY ONE):
 Renovation _____ Demolition _____ Ordered Demolition _____ Emergency _____ Long-term _____
PROJECT DATES:
 Start Removal _____ End Removal _____
 Start Renovation/Demolition _____ End Renovation/Demolition _____

Amount of ACM to be Removed:

	Regulated ACM (RACM)	Category II nonfriable ACM (optional)	Category I nonfriable ACM (optional)
linear ft.			
square ft.			
cubic ft.			

Description of affected facility components _____
Asbestos detection technique _____
Amount of Cat. I & II nonfriable ACM involved but will not be removed: _____
 Describe **physical characteristics** that make it nonfriable and **methods** to keep it nonfriable (optional): _____
 Describe **contingency plan** should nonfriable ACM become friable or additional ACM be uncovered during renovation/ demolition: _____
Transporter _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
Disposal Site _____
 Address _____
 City _____ State _____ Zip _____
 I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein. (optional for strictly non-friable work)
Submitted by: _____
Company Name: _____

Description of planned renovation/demolition, including abatement methods & demo/reno methods. _____

**INSTRUCTIONS FOR COMPLETING FORM DEP7036
NOTIFICATION OF ASBESTOS ABATEMENT/DEMOLITION/RENOVATION**

Filing Deadline: This form must be completed and filed with the Kentucky Division for Air Quality at least ten (10) working days before starting any asbestos removal, demolition, or other work which will disturb asbestos-containing material (ACM) in Kentucky facilities outside Jefferson County and in schools statewide, including Jefferson County. File with appropriate Regional Office.

Renotification: If developments occur that invalidate information on a notification (e.g., changes in dates, amounts, locations), file a revised form within the time frames specified in 401 KAR 58:025. Notifications may be numbered in the top-left corner (optional). First two digits are project year; remaining digits are project number (e.g., the first project in 1999 is 99-1).

Attachments: Attachments may be included to provide additional information, propose alternative procedures, declare nonfriable removal, identify secondary transporters, etc.

Line-by-Line Instructions:

Contractor/Owner: the contractor is the asbestos remover (or, for zero-asbestos demolitions, the demolition contractor). The owner is the entity having the work done.

Project Location: The location at the address given where the work is taking place (e.g., which building/floor/room?).

Present/Prior Use: Enter the present and prior use(s) of the facility.

Type of Project: Each choice shown in this category has a specific description under 401 KAR 58:025:

Emergency renovations result from a sudden, unexpected event. If the project is an emergency renovation, attach a detailed description of the sudden, unexpected event that necessitated removal. Include the exact date and hour the event occurred and explain how the event caused an unsafe condition, or would cause equipment damage or unreasonable financial burden.

Planned renovations are renovations that do not qualify as emergency renovations.

A long-term notification is a type of planned renovation which involves a number of nonscheduled small-scale removals whose annual total exceeds the NESHAP threshold amounts and can be estimated based on past years' experience. File yearly estimate at least 10 working days before the beginning of the calendar year for which a long-term notification is being given.

Demolitions involve the wrecking or taking out of a load-supporting structural member, such as a load-bearing beam or wall. Tearing down a structure, dismantling it piecemeal, and moving it from one place to another are all considered demolitions.

Ordered demolitions must result from a demolition order issued by a government agency because the building is structurally unsound and in danger of imminent collapse. For ordered demolitions, attach to the notification a signed, dated copy of order that includes demolition deadlines and name/title/authority of the government representative issuing the order.

Project Dates: Schedules must be precise and accurate. The "start removal" date is the date the removers arrive on-site and begin physically preparing the work area for removal. "End removal" is the date the removers dismantle the work area after cleaning and clearing it. If circumstances arise that invalidate previously submitted start dates, a revised notification must be submitted showing the updated, correct start date. If the start date has been moved up, submit written renotification at least ten working days before the new start date. If the start date has been moved back, telephone the Division as soon as possible before the original date and submit written renotification no later than the original start date.

Schedules for renovation and demolition (next line after removal schedule) are handled similarly, except that renotification is required only for schedule changes involving demolitions, not renovations. **Amount of ACM:** In this table, enter the amount and type (RACM, Category I, and/or Category II) of asbestos that will be removed. Although the regulation does not require you to identify the amount of nonfriable ACM that will be removed, the table provides space for nonfriable ACM to accommodate those notifiers who choose to document these removals.

Description of project: Describe the demolition or renovation work to be performed and method(s) to be used, including work practices and engineering controls to be used.

Asbestos Detection Technique: Give a general description of the asbestos survey, for example, "ASHERA-style survey by accredited inspector; samples analyzed by PLM."

Amount of nonfriable ...: If all nonfriable ACM will be properly removed, enter "NA."

Contingency Plans: If Category II nonfriable ACM becomes crumbled, pulverized, or reduced to powder, or if additional RACM is discovered, describe procedures to be followed. For example, "Move demolition activity away from ACM immediately; remove the ACM using regulation-required procedures." Even "Stop work, call Division for Air Quality" is OK.