



## Land Use Services Department Building & Safety Division

### Demolition Permit Application

<http://cms.sbcounty.gov/lus/BuildingSafety/Applications.aspx>

**Mountain Region**

**Valley Region**

**Desert Region**

**OWNER NAME:** \_\_\_\_\_

**PHONE#** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**APN#** \_\_\_\_\_

**Please complete the following information:**

Estimated cost of demolition: \_\_\_\_\_

Approximate year built & age: \_\_\_\_\_

Structure size and No. of stories: \_\_\_\_\_

Construction Type: \_\_\_\_\_

No. of structures: \_\_\_\_\_

Structure's current use: \_\_\_\_\_

1. Does this property have an active Code Enforcement case? **YES/NO** if yes; case number: \_\_\_\_\_
2. Is the structure, location or area architecturally or historically significant? **YES/NO** if yes, please contact Planning @ (909) 387-8311 for further information.
3. Is this structure being removed to build a new one? **YES/NO**
4. Will demolition activity encroach or require use of public right-of way, sidewalk, street, etc.? **YES/NO** if yes, please contact Public Works @ (909) 387-8046 for further information.

Please provide the following documentation:

- A. A plot plan showing all structures, building size, property dimensions and location of cesspools, septic tanks, seepage pits, or similar sewage disposal facilities.
- B. Owner authorization letter – Notarized
- C. Provide a copy of the completed AQMD Notification Form. See California Health and Safety Code 19827.5 requiring that you provide a copy of this demolition notification form to Building and Safety before issuance of a demolition permit. Depending on your region, please contact either South Coast Air Quality Management District or Mojave Desert Air Quality Management District for further information. If you are unable to determine the region you are in, please ask a land use technician for assistance.

\*\*\*\*\*Office Use Only\*\*\*\*\*

Date received \_\_\_\_\_ Permit # \_\_\_\_\_ Private or Public Sewer: \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

# Demolition Guidelines

1. A Q M D requires notification fourteen (14) calendar days prior to demolition/renovation activities. See contact information below. If **asbestos or other hazardous materials** are present in the building, state laws governing protection of personnel and proper disposal of such materials must be followed.
2. Help **maintain good air quality** by keeping the creation of dust to a minimum.
3. **The *discovery* of cesspools, septic tanks, seepage pits, or similar sewage disposal facilities and subsequent abandonment** requires a separate permit from the Building & Safety Division. The California Plumbing Code, Section 722, stipulated the following procedure for abandonment of sewage disposal facilities:
  - (a) Remove any remaining sewage.
  - (b) Remove the cover or arch.
  - (c) Backfill with sand, earth, gravel or concrete to a height not to exceed the level of any outlet pipe, or to the top of the sidewall, whichever is less.
  - (d) Obtain inspection from the County of San Bernardino, Building & Safety Division.
  - (e) Complete backfilling to the level of the adjacent grade.
4. Cap all sewer and water lines within 5' to property line.
5. The **demolition site should be secured**. If the demolition work will extend beyond a 24-hour period, the lot must be fenced to a height of 6 feet to secure the site.
6. If the demolition and clean-up of the site requires the use or obstruction of and "public way" (i.e., street, sidewalk, etc.) an **encroachment permit** from the Public Works Department may be required. For more information contact (909) 387-8046.
7. Keep erosion control measures, (e.g. silt fencing, sandbags, etc.) on site during and after demolition should a storm event occur during the demolition phase.

**\*Site cleanup shall include the removal of all trash and debris from site. Demolition shall include the complete removal of the structure including the foundation system and any basements.**

**There are two (2) Air Quality management Districts in San Bernardino County.**

## **Desert Region District Office**

Mojave Desert Air Quality Management District  
14306 Park Ave.  
Victorville, CA 92392-2383  
Phone: (760) 245-1661  
Fax: (760) 245-2022  
[www.mdaqmd.ca.gov](http://www.mdaqmd.ca.gov)

## **Mountain and Valley Regions District Office**

South Coast Air Quality Management District  
21865 E. Copley Dr.  
Diamond Bar, CA 91765-4182  
Phone: (909) 396-2336  
Fax: (909) 396-3342  
[www.aqmd.gov](http://www.aqmd.gov)

**South Coast Air Quality Management District ([www.aqmd.gov](http://www.aqmd.gov))**

21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

**Rule 1403 Form****Notification of Demolition or Asbestos Removal**<sup>1</sup> Fax these type of Notification Forms to (909)396-3342 and mail the originals within 48 hrs**Mail Form and Fee To:**

SCAQMD

Asbestos Notification File # 55641

Los Angeles, CA 90074-5641

<b>Project Type</b>	DEMOLITION <input type="checkbox"/>	DEMOLITION (Fire Training) <input type="checkbox"/>	ASBESTOS REMOVAL (Renovation) <input type="checkbox"/>	PLANNED RENO (Annual) <input type="checkbox"/>	<sup>1</sup> PROCEDURE 4 PLAN <input type="checkbox"/>	<sup>1</sup> PROCEDURE 5 PLAN <input type="checkbox"/>	<b>Project Urgency</b>	EMERGENCY <input type="checkbox"/>	ORDERED <input type="checkbox"/>
<b>Notification Type</b>	ORIGINAL <input type="checkbox"/>	<sup>1</sup> CANCELLATION <input type="checkbox"/>	<sup>1</sup> REVISION AMOUNT <input type="checkbox"/>	<sup>1</sup> REVISION DATES <input type="checkbox"/>	<sup>1</sup> REVISION OTHER <input type="checkbox"/>	Explain revision amount and other (includes previously notified)			

**Contractor Information:** Notifications should be submitted by the contractor performing the project

CSLB License	Cal. OSHA REG	AQMD ID	CHECK	FEE	DATE	PROJECT #
Company Name		List Site Supervisor(s)				Phone
Address						
City		State	Zip			
Completed by		Phone				

**Site Information:** Copies of this notification and the CAC asbestos survey report must be kept at the worksite during this project

Site Name			
Site Address	Cross Street		
Site City	State	Zip	County
Site Owner	Contact	Phone	
Owner Address	City	State	Zip

Describe Work

Describe Work Location (s)

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_ Project Work Shift Day ☐ Swing ☐ Night ☐<sup>2</sup>BUILDING SIZE in sq ft \_\_\_\_\_ Number of Floors \_\_\_\_\_ Building Age (Years) \_\_\_\_\_ Number of Buildings or Dwelling Units \_\_\_\_\_

Building Prior/ Present Use	SCHOOL	HOSPITAL	CONDO/APT	PUBLIC BLDG.	INDUSTRIAL	COMMERCIAL	OFFICE	UNI/COLLEGE	HOUSE	SHIP	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Building Information	ASBESTOS SURVEY? YES <input type="radio"/> NO <input type="radio"/>	ASBESTOS FOUND? YES <input type="radio"/> NO <input type="radio"/>	ASBESTOS REMOVED? YES <input type="radio"/> NO <input type="radio"/>	BUILDING TO BE DEMOLISHED? YES <input type="radio"/> NO <input type="radio"/>
-------------------------------	--	---	---	--

**Asbestos Information:** Do not provide this information in demolition notifications, see pg 2

<b>Asbestos Amount to be Removed</b> in sq ft	FRIABLE	CLASS I	CLASS II	<sup>2</sup> TOTAL AMOUNT	0.00			
<b>Amount of Each Type of Asbestos</b> in sq ft	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC	FLOOR TILES (VAT)
	DRYWALL	PLASTER	TRANSITE	ROOFING	OTHER	PLEASE DESCRIBE OTHER TYPE OF ASBESTOS:		

Asbestos Removal From SURFACES ☐ PIPES ☐ COMPONENTS ☐**Asbestos Detection Procedures:** Check the procedures and analytical methods used to determine the presence of asbestos in the building. See [Survey Checklist](#)SURVEY ☐ BULK SAMPLING ☐ INSPECTION ☐ CAC ASSUMED AS ASBESTOS-PACM ☐ PLM ☐ PCM ☐ TEM ☐**Controls:** Check the combination of Rule 1403 procedures used to control asbestos emissions. (Procedure 4 and 5 submit plans for AQMD prior approval)PROCEDURE NUMBER 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐**Emergency Asbestos Removal:** Check the sudden unexpected event and attach a letter from the person affected by the emergency explaining how this event caused unsafe conditions, equipment damage or unreasonable financial burden. For disturbed/damaged asbestos materials see [Procedure 5 Guidelines](#).

FIRE FLOOD WATER DAMAGE EARTHQUAKE NUISANCE VANDALISM HEALTH/SAFETY FINANCIAL BURDEN EQUIPMENT DAMAGE OTHER

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Name of Person Declaring/ Authorizing the Emergency	Phone	Date of Emergency	Hour of Emergency
--	-------	----------------------	----------------------

AQMD USE ONLY: SCREENED BY	RECEIVED	POSTMARKED	ENTERED BY	NOTIFICATION #
----------------------------	----------	------------	------------	----------------

<sup>2</sup> Fees are per Notification and vary according to the <sup>2</sup>TOTAL AMOUNT of asbestos removed or the demolition <sup>2</sup>BUILDING SIZE

© South Coast Air Quality Management District, Notification of Demolition or Asbestos Removal Form (2014.07)

**South Coast Air Quality Management District ([www.aqmd.gov](http://www.aqmd.gov))**

21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

**Rule 1403 Form****Notification of Demolition or Asbestos Removal****Mail Form and Fee To:**

SCAQMD

Asbestos Notification File # 55641

Los Angeles, CA 90074-5641

**Demolition Information:** All asbestos containing materials must be removed **prior** to any demolition activity

Asbestos Removal Company Name \_\_\_\_\_ Date of Asbestos Removal \_\_\_\_\_

Check work practices to prevent, suppress and contain dust, and dust controls to be use at the demolition site

SPRAY WATER ☐ EXIT GRATES ☐ TARP TRUCKS/BINS ☐ FENCE SCREENS ☐ STONE TRUCK PADS ☐ TIRE WASHING ☐ SOIL STABILIZERS ☐ OTHER \_\_\_\_\_**Contingency Demolition Plan:** Check actions to be followed if unexpected asbestos is found during demolition or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder. Disturbed/Damaged ACM requires a Procedure 5 Plan Approval prior to clean-up ( See [Procedure 5 Guidelines](#))STOP WORK ☐ NOTIFY OWNER ☐ SECURE ☐ STABILIZE ☐ POST SIGNS ☐ ISOLATE WORK AREA ☐ SURVEY ☐ CHARACTERIZE WASTE ☐ OTHER \_\_\_\_\_**Ordered Demolition:** Attach a copy of the agency order

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Order \_\_\_\_\_

Authorizing Person \_\_\_\_\_ Title \_\_\_\_\_ Date Ordered to Begin \_\_\_\_\_

**Waste Information**

WASTE TRANSPORTER #1 \_\_\_\_\_ WASTE STORAGE SITE \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WASTE TRANSPORTER #2 \_\_\_\_\_ LANDFILL \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor Certification:** All contractors or owner/operator submitting this notification must sign this formI certify that an individual trained in the provisions of regulations AQMD [Rule 1403](#) and the [Asbestos NESHAP Title 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. I hereby certify that all of the information contained herein and information submitted with this notification is true and correct.

Company Name \_\_\_\_\_ Title of Owner/Operator \_\_\_\_\_

Print Name of Owner/Operator \_\_\_\_\_ Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

**Notification Fee:** No notifications shall be considered received pursuant to [Rule 1403](#), unless it is accompanied by the required payment ([Rule 301](#), Table VI). Please make check payable to "SCAQMD". Fees are per notification and vary according to the <sup>2</sup>**TOTAL AMOUNT** of asbestos removed or the demolition <sup>2</sup>**BUILDING SIZE**. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See [Fee Information](#))

Project Size Fee:	Fee Based on Project Size (sq ft)		Additional Fees	
Additional Fee:	1,000 or less _____	\$ 57.18 <input type="checkbox"/>	Special Handling Fee _____	\$ 57.18 <input type="checkbox"/>
Total Fee Due:	1,001 to 5,000 _____	\$ 174.83 <input type="checkbox"/>	Revision to Notification _____	\$ 57.18 <input type="checkbox"/>
	5,001 to 10,000 _____	\$ 409.26 <input type="checkbox"/>	Returned Check Fee _____	\$ 25.00 <input type="checkbox"/>
	10,001 to 50,000 _____	\$ 641.73 <input type="checkbox"/>	Planned Renovation _____	\$ 641.73 <input type="checkbox"/>
	50,001 to 100,000 _____	\$ 930.03 <input type="checkbox"/>	Procedure 4 or 5 Plan _____	\$ 641.73 <input type="checkbox"/>
	100,001 or more _____	\$ 1,550.04 <input type="checkbox"/>	Expedited 4 or 5 Plan _____	\$ 320.86 <input type="checkbox"/>

**Attention**Keep Three (3) Copies of This Notification Form for your records, to post at the worksite, and to obtain a city demolition permit. See [California Health and Safety Code 19827.5](#) that requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Forms, instructions and [Rule 1403](#) can be obtained from the AQMD website at <http://www.aqmd.gov>. Please mail this signed original notification form, fee, and any attachments to SCAQMD Asbestos Notification File # 55641 Los Angeles, CA 90074-5641. Mailing saves time, money and reduces traffic and air pollution.

Project # \_\_\_\_\_

# **MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

14306 Park Avenue, Victorville, CA 92392-2383  
 (760) 245-1661 Fax (760) 245-2022  
<http://www.mdaqmd.ca.gov>

Eldon Heaston  
 Executive Officer

## **NOTIFICATION OF DEMOLITION/RENOVATION**

Page 1 of 2: please type or print

Remit fees as specified in Rule 306

CSLB License / Expiration	Postmark	Date Rec'd	Check No./Amount	Notification No.																				
1. Type of Notification:      Original <input type="checkbox"/> Revised <input type="checkbox"/> Cancelled <input type="checkbox"/> <div style="text-align: right; font-size: small;">(Highlight areas that have been revised)</div>																								
2. Facility Information (Identify Owner, Abatement Contractor and Demo/Reno Contractor)																								
Owner Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ Abatement Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ Demo/Reno Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____																								
3. Project Type:      Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Demo by Fire <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Reno <input type="checkbox"/> Planned Reno <input type="checkbox"/>																								
4. Asbestos Present <input type="checkbox"/> Y / <input type="checkbox"/> N      Asbestos Survey <input type="checkbox"/> Y / <input type="checkbox"/> N      Date _____      Asbestos Removed <input type="checkbox"/> Y / <input type="checkbox"/> N      Date _____      Bldg. to be Demolished <input type="checkbox"/> Y / <input type="checkbox"/> N      Date _____																								
5. Facility Description (Include Building Name, Number and Floor or Room Number) Building Name: _____ Parcel #: _____ Address: _____ City: _____ State: _____ Zip: _____ Site Location: _____ Building Size: _____ No. of Floors: _____ Age in years _____ Present Use: _____ Prior Use: _____																								
6. Procedure, include analytical method if appropriate, used to detect the presence of asbestos material: Name of laboratory used: _____																								
7. Asbestos amount to be removed:																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:40%;"></th> <th style="width:10%;">Friable</th> <th style="width:10%;">Cat 1</th> <th style="width:10%;">Cat 2</th> <th style="width:30%;">Describe the asbestos materials</th> </tr> <tr> <td>On pipes</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface areas (in sq. feet)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals (add columns)</td> <td></td> <td></td> <td></td> <td>Grand total (add rows)</td> </tr> </table> <p>Fee is based on grand total (To convert linear feet to square feet: SQ. FT. = 3.14 x diameter x Length)</p>						Friable	Cat 1	Cat 2	Describe the asbestos materials	On pipes					Surface areas (in sq. feet)					Totals (add columns)				Grand total (add rows)
	Friable	Cat 1	Cat 2	Describe the asbestos materials																				
On pipes																								
Surface areas (in sq. feet)																								
Totals (add columns)				Grand total (add rows)																				
8. Scheduled Dates: MM/DD/YY Asbestos Set-up - Start: _____ Removal - Start: _____ Complete: _____																								
9. Scheduled Dates: MM/DD/YY Demolition/Renovation: _____ Start: _____ Complete: _____																								

## MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT NOTIFICATION OF DEMOLITION/RENOVATION

Page 2 of 2: please type or print

10. Description of planned demolition or renovation work, and method(s) to be used:		
11. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition and/or renovation worksite:		
12. Waste Transporter: Name: _____ Address: _____ City: _____ Contact: _____ Telephone: _____	Waste disposal site: Name: _____ Address: _____ City: _____ Contact: _____ Telephone: _____	
13. For ordered Demo send a copy of the order and give the agency name: Name of agency: _____ Authorizing person: _____ Title: _____ Date of order: _____ Date order to begin: _____		
14. For emergency renovations: Date and hour of emergency (MM/DD/YY) _____ Description of sudden, unexpected event: _____ _____ Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____ _____		
15. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder: _____ _____		
16. I certify 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 the normal business hours (required 1 year after promulgation).  <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of owner / operator</div> <div>_____ Date</div> </div>		
17. The undersigned, under the penalty of law, states to the best of my knowledge that the above information is true and correct.  <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of responsible party</div> <div>_____ Official title</div> </div> <div style="display: flex; justify-content: space-between;"> <div>_____ Typed or printed name of signer</div> <div>_____ Telephone No.</div> <div>_____ Date</div> </div>		