

CITY OF ROSLYN
DEMOLITION PERMIT APPLICATION

Please submit 1 (1) copy of this application and the applicable fee (\$50.00 deposit for residential and commercial additional fees may be required), and the following attachments to the City of Roslyn Administrative Offices:

- Photos of the structure proposed for demolition.
- A site plan to scale of 1" = 20' showing all structures on the property and the structure to be demolished.
- Grade and Fill application for any proposed filling or grading necessary to backfill foundation area or leveling of site.
- Erosion Control Plan.

Applicant Name: _____

Mailing Address: _____

Phone Number: _____ (home)
_____ (cell)

Legal Description of Parcel (include lot, block, and addition) parcel number, map number and street address.

Describe scope of work and indicate the type of structure proposed for demolition (residence, commercial structure, outbuilding, etc). Add extra sheets as necessary to fully explain your proposal.

What other options besides demolition have you considered for this structure?

Is this structure on the Roslyn Register of Historic Places, the Washington State register of Historic Places, or the National Register of Historic Places? _____

Applicant signature and printed name

Owner signature and printed name

Fees paid: _____

Date paid: _____

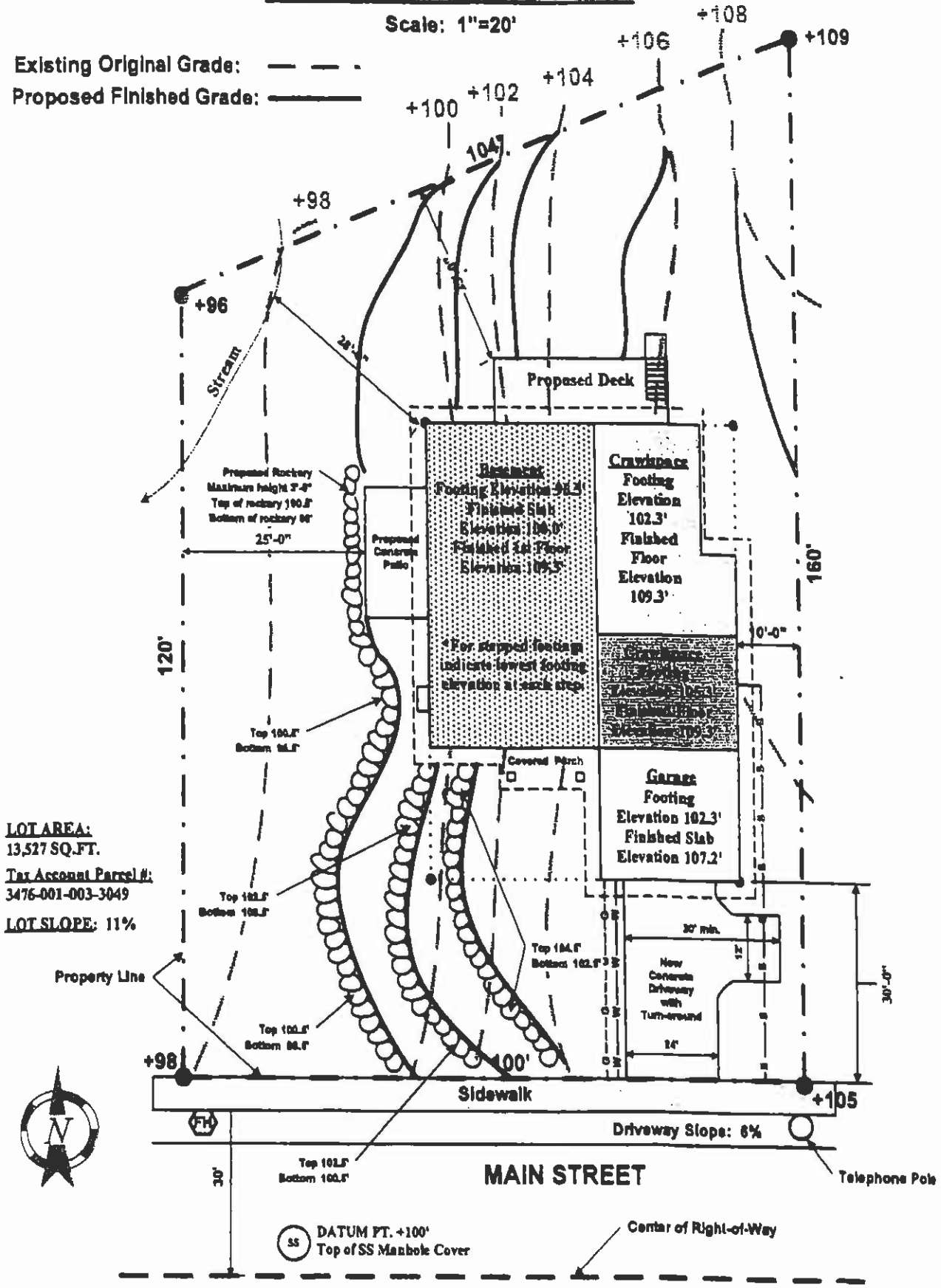
Public hearing date: _____

SAMPLE GRADING PLAN

Scale: 1"=20'

Existing Original Grade: - - - -

Proposed Finished Grade: ————



LOT AREA:
13,527 SQ.FT.
Tax Account Parcel #:
3476-001-003-3049
LOT SLOPE: 11%



SS DATUM PT. +100'
Top of SS Manhole Cover

Center of Right-of-Way

CITY OF ROSLYN UTILITY REVIEW

CHECKLIST FOR NEW CONSTRUCTION, REMODELS, SIGNS, VARIANCES, CONDITIONAL USE PERMITS, HOME OCCUPATION PERMITS, OR ANY OTHER ACTION WHICH REQUIRES PLANNING COMMISSION APPROVAL. THIS CHECKLIST MUST BE SIGNED OFF PRIOR TO PLANNING COMMISSION REVIEW. PLEASE CONTACT SARAH STAHL AT 509-649-3105 IF YOU HAVE ANY QUESTIONS.

Applicant OR Property Owner: _____

Mailing Address: _____

Phone Number: _____ (home)

_____ (cell)

Statement of request: _____

Legal Description of Parcel(s) (include lot, block and addition):

Street Address of Parcel, if applicable:

1. Are there any existing easements or underground utility (water, sewer, storm water) lines on the property without easements, or immediately adjacent to the property? Please explain.

2. Are there any existing variances, conditional use permits or home occupation permits on this property? Please explain.

3. Will a survey be required to prove the property lines?

4. Is water available? Please state the nearest connection point.

5. Is sewer available? Please state the nearest connection point.

6. How will storm water runoff from the property be handled?

7. How will electricity be supplied to the property, and at what point will the new line access the property?

8. How will vehicular access be gained to the property?

9. For signage in the Commercial Zone, how will the sign be attached to the building (show the bracket), and where will it attach?

10. Your plot plan must be drawn to scale and include ALL structures on the lot, all driveways, sidewalks, porches, decks, easements of all types, trees, and all planned additions.

It is the applicants' responsibility to familiarize themselves with the Roslyn City Code, and to provide the above information.

I, _____ certify that to the best of my knowledge I am familiar with the Roslyn City Codes, and the above information is true and correct.

Name

Date

Director of Public Works sign-off

Stanley Georgeson

Date

City Clerk sign-off

Name

Date

Water sign-off

Joe Peck

Date



Permit #: _____	
Job Address: _____	
Parcel ID: _____	Lot: _____
Subdivision: _____	Block: _____

Signature of Owner/Authorized Agent: _____	Application Date: _____
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Description of Work: _____

Property Owner: _____	Phone: _____
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Mailing Address: _____

Primary Contractor/Contact Person: _____	License #: _____
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Contractor Address: _____	Phone: _____
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Service Contractor/Contact Person: _____	License #: _____
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Contractor Address: _____	Phone: _____
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Service Contractor/Contact Person: _____	License #: _____
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Contractor Address: _____	Phone: _____
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Service Contractor/Contact Person: _____	License #: _____
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Contractor Address: _____	Phone: _____
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IMPORTANT - COMPLETE ALL ITEMS AND MARK ALL APPLICABLE ITEMS

SQUARE FOOTAGE	PROPOSED USE	TYPE OF HEAT	IMPROVEMENT TYPE
Main Floor _____	Residential	<input type="checkbox"/> Gas LP or NG	<input type="checkbox"/> New Building
Add. Floors _____	<input type="checkbox"/> One Family	<input type="checkbox"/> Electricity	<input type="checkbox"/> Addition
Basement _____	<input type="checkbox"/> Multi Family: Enter number of units - _____	<input type="checkbox"/> Solar	<input type="checkbox"/> Remodel \ Finish
Crawspace _____	<input type="checkbox"/> Hotel, motel, or dormitory-Enter number of units - _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Repair, replacement
Covered Porch _____	<input type="checkbox"/> Garage: Single _____ Double _____ Attached _____ Detached _____	SEWAGE DISPOSAL	<input type="checkbox"/> Fence
Decks _____	<input type="checkbox"/> Carport: Attached _____ Detached _____	<input type="checkbox"/> Public	<input type="checkbox"/> Roof
Garage _____	<input type="checkbox"/> Patio: Attached _____ Detached _____	<input type="checkbox"/> Individual	<input type="checkbox"/> Other _____
Other _____	<input type="checkbox"/> Basement: Partial _____ Full _____ Finished _____ Unfinished _____	WATER SUPPLY	CONSTRUCTION TYPE
	<input type="checkbox"/> Fireplace: Masonry _____ 0-Clearance _____	<input type="checkbox"/> Private	<input type="checkbox"/> Wood Frame
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Public	<input type="checkbox"/> Structural Steel
	Commercial		<input type="checkbox"/> Masonry
	<input type="checkbox"/> Shell Only _____ Sign _____		<input type="checkbox"/> Other _____
	<input type="checkbox"/> Tenant Finish _____		NOTES:
	<input type="checkbox"/> Remodel /Addition _____		
	<input type="checkbox"/> New Building _____		

TOTAL VALUE	DEMOLITION	OCCUPANCY	MISCELLANEOUS
Project Valuation \$ _____	<input type="checkbox"/> Site Plan	Classification _____	# of stories: _____
Use Tax Valuation \$ _____	<input type="checkbox"/> State Permit	Construction Type _____	
	<input type="checkbox"/> Asbestos Permit	Separated _____ Non-Separated _____	

FOR OFFICE USE ONLY:

FEES: Total: _____	OTHER FEES:	SETBACKS:	REQ:	Lot _____ Size: _____
Deposit: _____	<input type="checkbox"/> Other (Amt.) _____	Front: _____	_____	Parking _____ Spaces _____
____ Permit Fee: _____	Description: _____	Back: _____	_____	Enclosed _____ Outdoors _____
____ Plan Review: _____		Side1: _____	_____	RESIDENTIAL ONLY
____ Use Tax: _____	<input type="checkbox"/> Other (Amt.) _____	Side2: _____	_____	# of Bedrooms _____
____ Water Tap: _____	Description: _____			# Full Baths _____
____ Sewer Tap: _____				# 3/4 Baths _____
				# 1/2 Baths _____

The applicant, his agents and employees shall comply with all the rules, restrictions and requirements of the Municipality and Building Codes governing location, construction and erection of the above proposed work for which the permit is granted. The Municipality or its agents are authorized to order the immediate cessation of construction at anytime a violation of the codes or regulations appears to have occurred. Violation of any of the codes or regulations applicable may result in the revocation of this permit.

Buildings MUST conform with plans, as submitted to the Municipality. Any changes of plans or layout must be approved prior to the changes being made. Any change in the use or occupancy of the building or structure must be approved prior to proceeding with construction.

The applicant is required to call for inspections at various stages of the construction, and in accordance with the aforesaid rule, the applicant shall give the building inspector not less than one day's notice to perform such activities.

In the event construction is not commenced within 180 days of issuance of this permit, then the same is automatically void. Cessation of work for a period of 180 continuous days shall also cause this permit to be void. Permits are not transferable.

Accepted By: _____	Approved by Town/City Official: _____
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**FOR PROPERTY OWNERS AND CONTRACTORS
BEFORE DEMOLISHING, RENOVATING,
REPAIRING OR MODIFYING
Pre-1980S STRUCTURES**

An **asbestos** survey is required by WAC 296-62-07721 to assess the presence, condition, and likelihood of disturbance to asbestos containing building materials.

By Who: A Certified Asbestos Contractor – see yellow pages

When: Before starting the work

Notify: Dept. of Labor & Industries 10 days prior to starting work (on attached notice) – 509 454-3747
Yakima Regional Clean Air Authority @509 834-2050 in Yakima County
Dept. of Ecology, Air Quality branch – call Karen Schuster @ 509 454-7861 in Kittitas County (see attached notice)

If **asbestos** is present and will be disturbed in the process of your work, it poses a **serious public and worker health hazard** and must be controlled. The **asbestos** must be removed or encapsulated before any demolition, repair, renovation, or any such work where building materials are disturbed in structures built 1980 or earlier (including mobile homes). This can be performed either by certified asbestos contractor or by a property owner himself/herself. Notify L&I no later than 10 days prior to the asbestos project and the other appropriate regulatory agencies listed above. Material disposal requires special notice to Solid Waste Disposal Sites. Further information is available by contacting the above numbers.

Asbestos is typically contained in pipe and HVAC insulation, floor tiles and adhesives, roofing materials, drywall mud, chimney brick and mortar, just to name a few.



NOTICE OF ASBESTOS ABATEMENT PROJECT

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
 MAIL OR FAX TO THE REGIONAL OFFICE – CIRCLE CHANGES ON AMENDED NOTICES

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 to pm							
Completion: / /	Emergency <input type="checkbox"/>	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 _____

INSTRUCTIONS—NOTICE OF ASBESTOS ABATEMENT PROJECT

THIS NOTICE MUST BE RECEIVED NO LATER THAN 10 CALENDAR DAYS PRIOR TO THE START DATE

Notices must be faxed or mailed to the regional office with jurisdiction over the project. Address correspondence to "Industrial Hygiene Compliance." Notice is not required for any asbestos project involving less than forty-eight (48) square feet of surface area, or less than ten (10) linear feet of pipe unless the surface area of the pipe is greater than forty-eight (48) square feet. Notification requirements are found in WAC 296-65-020. Exemptions to the asbestos project definition are found in WAC 296-62-07722(3)(b).

REGIONS	MAILING ADDRESS	PHONE #/ FAX#	
Region 1: Island, San Juan, Skagit, Snohomish, and Whatcom	729 – 100 th St SE Everett WA 98208-3727	Phone:	425-290-1408
Region 2: King	315 5 th Ave S Ste 200 Seattle WA 98104-2607	Fax:	425-290-1437
Region 3: Clallam, Jefferson, Kitsap and Pierce	950 Broadway, Suite 200 Tacoma, WA 98402-4453	Phone:	206-515-2786
Region 4: Clark, Cowitz, Grays Harbor, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum	PO Box 44611 Olympia WA 98504-4611	Fax:	206-515-2784
Region 5: Adams, Benton, Chelan, Columbia, Douglas, Franklin, Grant, Kittitas, Okanogan, Walla Walla and Yakima	519 Grant Rd East Wenatchee WA 98802-5459	Phone:	253-596-3868
Region 6: Southeast Adams, Asotin, Ferry, Garfield, Lincoln, Stevens, Pend Oreille, Spokane, and Whitman,	901 N Monroe St Ste 100 Spokane WA 99201-2149	Fax:	253-596-3903
		Phone:	360-896-2378
		Fax:	360-902-5437
		Phone:	509-886-6500
		Fax:	509-886-6510
		Phone:	509-324-2526
		Fax:	509-324-2618

Start and completion dates: Exact starting and completion dates of the asbestos project, including shifts during which abatement work will be accomplished. These dates must not conflict with the dates specified for asbestos removal in the contract. Any change in these dates or work shifts must be communicated to the department by an amended notice.

- When the starting date or time changes, the amended notice must be filed no later than 5:00 p.m. on the business day prior to the starting date in the original notice and prior to the new starting date.
- When the completion date or time changes, the amended notice must be filed before completion of the project, and within eight hours from when the person learns that the change will occur.

Work hours: Give start and stop times for each work each day (including all shifts) and check the days of the week that work will occur. If the work shifts run overnight, check the day the shift begins. (For example if you work Friday from 6 pm to 4 am mark Friday and not Saturday, unless another shift begins on Saturday.)

Initial or Amended Notice: Initial notice is only the first notice on a project, any updates should be marked as amended.

Emergency: If the project is an emergency situation (reasonably unforeseeable projects involving significant ongoing hazards) notice must be provided to the Department within three (3) working days of starting work. **Note:** Projects considered emergencies by other regulatory agencies might not be considered an emergency under Labor and Industries regulations. There are additional posting and communication requirements for emergency projects, see WAC 296-65-020(5). Contact the regional industrial hygiene compliance staff if there are questions regarding emergencies.

Hold: Use these boxes to place a project on hold if the schedule has been temporarily delayed or if work is intermittent. To be timely notice must be received in the same manner as changes in starting and completion times. If the specific dates are known, a schedule may be attached to the initial notice, rather than filing multiple amended notices.

Property Owner: This box must contain the name of the property owner. If anyone will be representing the owner during the work the owner's agent and company must be provided. An owner's agent may be a property manager, attorney, architect, bank, holding company, etc. Provide an address and phone number for contacting the owner or their agent.

Job Site and Facility: You must include a complete and accurate job site address. This information must include the street location, city, Zip code and county. If the site is a large structure or complex of many buildings using the same street address, you must further identify where, within that complex, your project will be performed including the specific building and room. Additionally, describe the facility type (office, school, apartment, house, etc.), age (years), and size (square feet).

Quantity of asbestos to be removed: Determine the total quantity of material to be removed, in both square feet and linear feet. Check the box for each type of material to be removed. Include all materials to be handled during the project.

Large-scale, on-going projects: If you are submitting an annual waiver request for a large-scale, on-going project or maintenance program under WAC 296-65-020(3), contact the regional Industrial Hygiene Compliance Supervisor for permission and instruction for your submittal. Information in addition to this form may be required.

If any information on your notice should change for any reason, you must file an amended notice. Circle all new information on your amended notice before you submit it.

- If you have to change a job site address, you must include the old job address on the amended notice
- All amended notices must go to the same office to which the initial notice was filed (even if there was an error in submitting the initial notice).



NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #	
I. Type of Notification (O = Original R = Revised C= Cancelled)				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
REMOVAL CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer. Renovation)				
IV. IS ASBESTOS PRESENT? (Yes/No)				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address:				
City:	State:	County:		
Site Location:				
Building Size:	# of Floors:	Age In Years:		
Present Use:	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

ECY 070-87

If you need this document in another format, please call Tami Dahlgren at (360) 407-6800. If you are a person with a speech or hearing impairment, call 711 or 1-800-833-6388 for TTY.

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Location:

City:

State:

Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

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. 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:

XVII. 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 NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

(Date)