

Sedro-Woolley Building Department  
Sedro-Woolley Municipal Building  
325 Metcalf Street  
Sedro-Woolley, WA 98284  
Phone (360) 855-0771  
Fax (360) 855-0733

**DEMOLITION PERMIT APPLICATION**

**APPLICATION No.** \_\_\_\_\_

All Demolition Permit applications must be accompanied by two (2) copies of the documents listed below. Failure to attach all required submittal documents will result in an incomplete application and will not be accepted by City staff. Permit fees are **\$100 for single family residences** and **\$125 for commercial structures**.

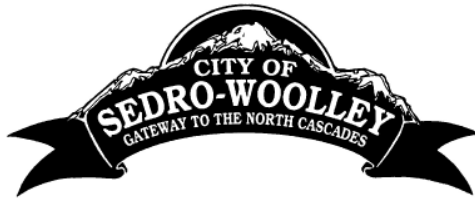
**\*\*\*All debris from demolition must be disposed of through the City's Solid Waste Department. Call 360 855-0929 for delivery of waste containers\*\*\***

**THIS PAGE TO BE COMPLETED BY CITY STAFF AT THE TIME OF APPLICATION**

**Required Submittals**

- 1  Completed Application Signed by Applicant
- 2  Two (2): **Scaled** site plans showing the following elements:
  - (a)** Building(s) to be demolished
  - (b)** Existing structures, utilities, easements and rights-of-way
  - (c)** Street access
  - (d)** Nearest fire hydrant
- IMPORTANT!** Items (a) – (d) above must be **clearly marked** or the application cannot be accepted.
- 3  Provide a Demolition Plan and Schedule. See General Information and Submittal Requirements on page 4 of this application. A City Right-of-Way Permit will be necessary if any work will be done on or near the City right-of-way.  
ALL UTILITIES MUST BE PROPERLY ABANDONED
- 4  Utility cut-off date and a description of how each utility will be abandoned.
- 5  An **Asbestos Survey** is required if the structure was built before 1980. If non-exempt quantities of asbestos are identified, please submit a copy of the Northwest Clean Air Agency approval and a Waste Shipment Record for disposable at a disposal site approved by Northwest Clean Air Agency (refer to attached Northwest Clean Air Agency forms).
- 6  Payment of application fee.

**Application accepted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**DEMOLITION PERMIT APPLICATION**

**SECTION I – PROPERTY AND BUILDING INFORMATION**

Fill out completely. Attach legal descriptions and supporting documents as necessary. Please be sure to complete Sections I-III. Failure to complete all sections will result in an incomplete application and may not be accepted by City staff.

Who should we contact with any questions about this application?  **Applicant**  **Owner**  **Contractor**

APPLICANT	OWNER	CONTRACTOR
Name: _____	Name: _____	Company: _____
Address: _____	Address: _____	Contact: _____
City: _____	City: _____	Address: _____
Zip Code: _____	Zip Code: _____	City: _____ Zip: _____
Day Phone: _____	Day Phone: _____	Day Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell: _____
email: _____	email: _____	WA St. Registration Expiration: _____
		Registration#: _____
		City License Endorsement: <input type="checkbox"/> Yes <input type="checkbox"/> No

**PROJECT SITE IDENTIFICATION**

Site Address: \_\_\_\_\_ Parcel I.D. #: \_\_\_\_\_ (Refer to Skagit County Assessor website)

Date structure was built: \_\_\_\_\_

Size of structure to be demolished: \_\_\_\_\_ square feet

Current and historical use of structure: \_\_\_\_\_

Attach required demolition schedule

Attach Asbestos Survey

Asbestos present?  Yes  No – If yes, attach Northwest Clean Air Agency approval and waste shipment record.

Will any grading take place?  Yes  No – If yes, how many cubic yards (CY) are being moved? \_\_\_\_\_ cubic yards

Are there any other existing structures on the property that will not be demolished?  Yes  No

Utilities cut off and capped?  Yes  No – Provide utility cut off date information – **REQUIRED**

## SECTION II – DEMOLITION SCHEDULE AND UTILITIES DECOMMISSIONING

### DEMOLITION PLAN AND SCHEDULE

Please describe the plan for how the structure(s) will be demolished. Include the equipment that will be used and the timing (and duration) of the planned demolition work. The demolition plan and proposed schedule must be approved prior to demolition.

### UTILITIES DECOMMISSIONING

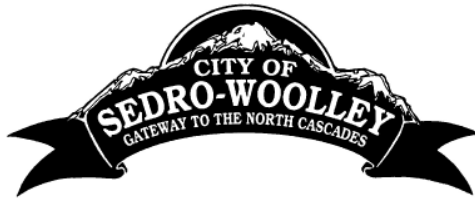
All utilities must be properly abandoned. Please provide the utility cut-off date and a description off how each utility will be abandoned. The City must inspect any capped-off connections to the City sewer. A Right-of Way Permit will be required if any work is done on or near the City right-of-way.

## SECTION III - SIGNATURE

Complete for this application. Failure to sign the permit application will result in an incomplete application.

Application is hereby DEMOLITION PERMIT. I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the City of Sedro-Woolley the right to enter the above-described property to inspect the property as part of the permit application review and approval process and/or the proposed or completed work.

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## DEMOLITION PERMIT APPLICATION

### GENERAL INFORMATION AND SUBMITTAL REQUIREMENTS

**DEMOLITION PLAN & SCHEDULE:** A Demolition plan and schedule, describing how the structure(s) will be demolished, equipment that will be used to do the work, the timing of the work and duration of the work shall be submitted for review. **All debris from demolition must be disposed of through the City's Solid Waste Department. Call (360) 855-0929 for delivery of waste containers.**

**SITE PLAN:** All demolition permits must be accompanied by a site plan identifying all structures to be demolished and the location and size of existing structures and construction that are to remain on the site in relation to the property boundaries. Additionally, the site plan must identify the utilities serving the structure to be demolished. These utilities include: water supply, sewage disposal, electrical service, and gas supply (natural or propane).

**UTILITIES:** All utilities **MUST BE PROPERLY ABANDONED.** You will need to provide utility cut off date and a description on how each utility was abandoned. **A City inspection is required for capping off connections to the City Sewer. If working on or near the City Right-of-Way a City Right-of -Way Permit is required to be obtained.**

**ASBESTOS:** It is presumed that all buildings within the City of Sedro-Woolley built before 1980 have "friable asbestos." Prior to issuance of a Demolition Permit for buildings built before 1980 the Building Department requires an asbestos survey to be completed pursuant to the Northwest Clean Air Agency (360-428-1617) and the results attached to the demolition permit application form. If non-exempt quantities of asbestos are identified in the structure you will be required to abate and properly dispose the asbestos prior to issuance of a City Demolition Permit. If abatement is required a copy of the Northwest Clean Air Agency Approval along with the waste shipment record shall be attached to the application form along with the asbestos survey.

**ACCESS:** Access for Fire Department apparatus shall be provided and maintained. If working in or near the City Right-of-Way (ROW) a City ROW permit is required. All Fire Hydrants are required to be kept clear at all times.

**PEDESTRIAN PROTECTION:** Pedestrian protection **MAY** be required for the protection of pedestrians when in the opinion of the Building Official the location and/or demolition schedule exposes the public to risk during the demolition process.

**WATER SUPPLY:** The property must have a working water supply made available to it prior to the start of demolition work. Water may be supplied via a portable water tank, City water connection, or a fire hydrant. Access to fire hydrants shall not be obstructed.

**CUTTING AND WELDING OPERATIONS:** **A suitable, approved type of fire extinguisher shall be kept at the location where welding or cutting is being done. A fire watch shall be on hand to make use of the fire extinguisher if welding or cutting is done above or within 10 feet of combustible construction or material, and a fire watch shall be maintained for at least 1-hour after completion of cutting or welding operations.**



1600 South Second Street  
Mount Vernon, WA 98273-5202  
ph 360.428.1617  
fax 360.428.1620  
[www.nwcleanair.org](http://www.nwcleanair.org)

## INSTRUCTIONS FOR FILING APPLICATION FOR RESIDENT-OWNER ASBESTOS PROJECT

Asbestos is a hazardous, fibrous mineral used in over 3000 building materials that can be released to the breathing zone during renovation/demolition activities to lodge deep in your lungs and cause permanent negative health effects. That is why the Washington Administration Code and the Northwest Clean Air Agency (NWCAA) regulate the removal of asbestos. This form is provided for homeowners who choose to remove asbestos-containing building materials from their own homes, which they occupy, the only exception to State rules requiring use of Certified Asbestos Abatement Contractors for asbestos projects. **Landlords must not disturb asbestos in rental properties.** It is our goal to provide you with information so that you will handle this material safely.

The NWCAA Regulation Section 570 requires that NWCAA be notified in advance on this form of *all* asbestos abatement projects or demolitions involving owner-occupied, single family residences. This Regulation can be found on our Web Site: [www.nwcleanair.org](http://www.nwcleanair.org).

Mail or deliver this application with a \$25 processing fee to the Northwest Clean Air Agency at 1600 South Second Street, Mount Vernon, WA 98273-5202. **A copy stamped "received" will be returned to you promptly.** This will also be your permit for disposal. A copy must accompany the asbestos waste when deposited at a waste disposal site.

Please call our office prior to removing asbestos. A brief conversation regarding your project will ensure your project, is as safe, easy, and cost-effective as possible (360) 428-1617.

Quantity to be removed: please estimate the square footage or linear feet for pipe work.

Project starting date and completion date: Application must be received prior to starting the project.

Site Address: This is where the project will take place.

Has material to be removed been sampled and analyzed: NWCAA can provide a list of companies that can analyze material to see if it contains asbestos or look in your phone book under Asbestos Consulting and Testing.

Type of material to be removed: Check what you know to have asbestos. NWCAA can provide information on how to find common asbestos-containing areas and how to remove asbestos safely.

Control measures and personal protection equipment: Please check the equipment you will be using. If you would like information on equipment that will help you safely remove asbestos, please contact the NWCAA.

Asbestos disposal site: If you would like a list of waste facilities that accept properly packaged asbestos waste, please contact our office.

This is not an approval but a permit. You are responsible for the accuracy of the information provided to the NWCAA. This form must be taken with you when you take your asbestos to an approved waste site. If you have any questions, please call 360-428-1617.



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# Application for Resident-Owner Asbestos Project

Agency Use Only

CASE #:

Instructions for completing this form are on the back.  
 Please type or print clearly.

**ENCLOSE \$25 PROCESSING FEE**

AGENCY USE ONLY  
 NARS NUMBER

✓ *Clearly print your name and mailing address below*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Person Conducting Removal:

Daytime Ph #: \_\_\_\_\_

Evening Ph. #: \_\_\_\_\_

Quantity to be removed/encapsulated: \_\_\_\_\_ (sq. ft.) \_\_\_\_\_ (linear ft. -for pipe work only)

Project starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Is this building scheduled for demolition?  Yes  No

Site address: **THIS MUST BE COMPLETED** (Attach a brief explanation if site address is different from mailing address.)

Street \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

Has material to be removed been sampled and analyzed?  Yes  No

If No, Please explain \_\_\_\_\_

Facility type (check all that applies):  Single Family  Two or more units  
 Non-Owner Occupied  Owner Occupied

Type of material to be removed/encapsulated:  Popcorn Ceiling  Sheet Vinyl Flooring  Vinyl Asbestos Tiles  
 Cement Asbestos Board  Duct/Furnace Wrap  Boiler Insulation  Mag. Pipe Insulation  
 Other Pipe Insulation  Stucco  Plaster  Other (specify) \_\_\_\_\_

Is removal:  Indoors  Outdoors

Control measures & Personal Protection Equipment:  
 ½ Face Respirator  Disposable Coveralls  Eye Protection  Disposable Gloves  Wetting  
 Rubber Boots  Plastic to Contain Debris  Wrap & Cut (Pipe Removal)  Other (specify) \_\_\_\_\_

Briefly describe your method of removal: \_\_\_\_\_

Asbestos disposal site: \_\_\_\_\_

I CERTIFY THAT I AM THE OWNER OF THIS RESIDENCE AND THAT THE ABOVE INFORMATION IS CORRECT.

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

This form is required when you dispose of asbestos.

This stamped copy is your permit



Serving Island, Skagit & Whatcom Counties

## ASBESTOS DISPOSAL INFORMATION

*January 2010*

The following is a list of asbestos disposal options within Island, Whatcom and Skagit counties. **All disposal sites will require a copy of the Northwest Clean Air Agency's (NWCAA) asbestos abatement or demolition permit to accompany waste deliveries.** See reverse of this page for disposal sites out of NWCAA's jurisdiction that accept asbestos waste from all Washington counties.

COUNTY	DISPOSAL SITE	RESTRICTIONS/REQUIREMENTS
<b>ISLAND/ SKAGIT / WHATCOM COUNTIES</b>	<b>Environmental Abatement Services (EAS)</b> 18365 W. Lincoln Street Mount Vernon, WA 98273 (360) 755-1085 (phone) (360) 755-5145 (fax)	EAS is a local asbestos contractor willing to pick up or accept delivery of properly wrapped asbestos waste from residential work sites. Call for a price quote per cubic yard. 40 pounds maximum per unit waste.
<b>ISLAND/SKAGIT COUNTIES</b>	<b>Landfills closed.</b>	Use a hauler (above) or haul the waste yourself to RDC listed below or to landfill options listed on back of page.
<b>ISLAND/SKAGIT/ WHATCOM COUNTIES</b>	<b>Recomp of WA, Inc. also known as Regional Disposal Company (RDC)</b> 1524 Slater Road Ferndale, WA 98248 (360) 384-1057	Signed waste packaging form, provided by RDC or NWCAA. 24-hours prior notice of delivery. 40 pounds maximum per unit waste. Waste authorization form to be completed at landfill.  Fee: \$150 per ton, \$80 minimum.

**ASBESTOS DISPOSAL INFORMATION:**  
**Outside of the Northwest Clean Air Agency's (NWCAA) Jurisdiction**

**DISPOSAL SITE**

**RESTRICTIONS/REQUIREMENTS**

**Eastmont Transfer Station**

7155 W. Marginal Way SW  
Seattle, WA  
(360) 428-1617  
(206) 762-3000  
(206) 762-6124

Asbestos waste from all counties and cities.  
Call for appointment.  
NWCAA asbestos removal or demo permit  
  
Waste authorization form/log to be completed at transfer station.

**Rabanco Recycling Company**

2733 3rd Avenue S.  
Seattle, WA  
(360) 428-1617  
(206) 623-4080

Asbestos waste from all counties and cities.  
Call for instructions.  
NWCAA asbestos removal or demo permit  
  
Waste authorization form/log.

**Seattle Disposal Company**

waste 54 S. Dawson Street  
waste Seattle, WA  
(206) 763-2800  
(360) 428-1617

Site is not a landfill, but it accepts asbestos from all counties and cities. They then haul to a landfill. Container renting/hauling only.  
NWCAA asbestos removal or demo permit  
Waste authorization form/log.

**Hidden Valley Landfill**

17295 Meridian  
Tacoma, WA  
(360) 428-1617  
(253) 847-7555  
(253) 591-6572 – Tacoma

Asbestos waste from all counties and cities.  
24-hours prior notice.  
NWCAA asbestos removal or demo permit  
  
Health Department permit/waste authorization form/fee.

**Kitsap County Landfill**

1015 SW Barney White Road  
Port Orchard, WA  
(206) 674-2331

Asbestos waste from all counties and cities.  
24-hours prior notice.  
NWCAA notification form - (360) 428-1617  
Waste authorization form/log to be filled out at landfill.





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## INSTRUCTIONS FILING A WRITTEN NOTICE OF INTENT TO PERFORM AN ASBESTOS PROJECT

Written notice required by NWCAA Regulation Section 570 must be submitted on this form. If this notice is submitted by mail, the appropriate fee must be enclosed. A copy of your notice must accompany the asbestos waste when deposited at a waste disposal site. The required "Advance Notification Period" begins on the day that a properly completed notice and appropriate fee is received.

**NOTE: FOR ALL AMENDMENTS TO THIS APPLICATION, USE AMENDMENT TO NOTICE OF INTENT TO PERFORM AN ASBESTOS PROJECT .**

### **TYPE OF PROJECT**

Check the applicable box that pertains to your type of asbestos project.

### **PROJECT CATEGORY**

Check the applicable box that indicated your project category, Advance Notification Period and Notification Fee. Residential projects must be confined to occupied dwellings; other restrictions may apply.

### **QUANTITY TO BE REMOVED\ENCAPSULATED**

Indicate amount of asbestos material and attach appropriate fee.

### **PROJECT STARTING AND COMPLETION DATES**

Dates must be consistent in accordance to required Advance Notification Period in Section 570.32. Unless you are notified otherwise, begin your project on the scheduled starting date. NWCAA will send you a copy of your Notice of Intent stamped "received". Retain a copy of your Notice of Intent for the disposal site.

### **WORKSHIFT DAYS AND HOURS**

Indicate days and hours on site.

### **JOB SITE ADDRESS**

Must be complete and include building numbers, school names, or any other identifying information. For complete demolition of structure, give the anticipated date that the actual demolition will begin.

### **TYPE OF MATERIAL TO BE REMOVED AND CONTROL MEASURES**

Indicated by checking the appropriate box(es)

### **ASBESTOS CONTRACTOR** (list the following)

1. Name and address of contractor.
2. Site Contact, and Asbestos Certification number.
3. Name of owner or chief executive officer and telephone number

### **PROPERTY OWNER** (list the following)

1. Name and address of property owner.
2. Site contact or property owner, Title, and telephone number

### **DISPOSAL SITE NAME AND LOCATION**

Specify the asbestos disposal site.

**INDICATE COST OF ASBESTOS PROJECT** (do not include non-asbestos related costs).

**SIGNATURE AND TITLE OF RESPONSIBLE PERSON AND WHO PARTY IS REPRESENTING.**



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For revisions to this information use  
Amendment...to Perform an Asbestos  
 Project, (NWCAA Form No. 570.5)

CASE #:  
 NARS #:

FOR AGENCY USE ONLY

# Notice of Intent to Perform an Asbestos Project

Type of Project	Project Category (Check only one.)	Advance Notification Period	NWAPA Fee (\$)
A. <input type="checkbox"/> Emergency	1. <input type="checkbox"/> Residential (any amount/owner-occupied)	Prior Notification	25.00
B. <input type="checkbox"/> Demolition	2. <input type="checkbox"/> 10-259 linear feet 48-159 square feet	3 Working Days	150.00
C. <input type="checkbox"/> Renovation	3. <input type="checkbox"/> 260-1,000 linear feet 160-5,000 square feet	10 Working Days	300.00
D. <input type="checkbox"/> Maintenance	4. <input type="checkbox"/> More than 1,000 linear feet More than 5,000 square feet	10 Working Days	500.00
E. <input type="checkbox"/> Encapsulation	5. <input type="checkbox"/> Emergency	Prior Notification	
F. <input type="checkbox"/> Enclosure	6. <input type="checkbox"/> Amendment	Prior Notification	
G. <input type="checkbox"/> Other (specify): _____			

Quantity to be removed/encapsulated: \_\_\_\_\_ square ft. \_\_\_\_\_ linear ft.

Workshift Days:  
 M T W Th F Sa Su

Project starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Workshift Hours: \_\_\_\_\_

Site address: \_\_\_\_\_  
 Street City Zip code County

Location of asbestos: \_\_\_\_\_

Project description: K-12 School?  Yes  No School name: \_\_\_\_\_ Federal facility or marine vessel?  Yes  No  
 Complete demolition of structure?  Yes  No Asbestos Survey Conducted?  Yes  No

Facility type: \_\_\_\_\_ Age: \_\_\_\_\_ Size: \_\_\_\_\_ # Floors: \_\_\_\_\_

**Type of material to be removed/encapsulated:**

- Fireproofing  P.C. ceiling  CAB  Sheet vinyl  Boiler insulation  Duct tape  
 Duct paper  Mag. pipe insulation  Air cell  CA pipe  VAT  Other (specify) \_\_\_\_\_

Is removal:  Indoors  Outdoors

**Control measures & Personal Protection Equipment:**

- N.P. enclosure  Glove bag  Mini enclosure  Wrap & cut  Water  HEPA Vac  Type C cont. flow  
 1/2 mask APR  Full face APR  PAPR  Type C P. demand  Other (specify) \_\_\_\_\_

Asbestos contractor: \_\_\_\_\_ Contractor #: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
 Street City Zip County

Supervisor: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner/CEO: \_\_\_\_\_ Title: \_\_\_\_\_ FAX: \_\_\_\_\_

Property owner: \_\_\_\_\_ Contractor Job #: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
 Street City Zip County

Site contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Asbestos disposal site: \_\_\_\_\_

Estimated cost of asbestos abatement project: \_\_\_\_\_

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

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

\_\_\_\_\_  
 Title Representing

