

City of Dublin

Building Standards • 5800 Shier-Rings Road • Dublin, Ohio 43016

Phone: (614) 410-4670 • Inspection Line: (614) 410-4680

REMOVAL PERMIT

(this form is not to be used for interior or partial demolitions, please complete the Commercial Building Permit Application for these usages)

Application Number:	Date Applied:
Job Address:	Parcel Number:
Type of Structure(s) to be removed:	
Historic Structure: Y/N	Fire Department Training: Y/N
Removal Completion Date:	
Owner or Agent (please print):	Telephone:
Contractor:	Telephone:
Dublin Contractor Registration Number:	

Please submit the following with this application, along with \$185.00 fee:

1. Proof of ownership (i.e. Auditor's webpage copy, deed, executed closing statement)
2. Documentation showing real estate taxes have been paid to date (i.e. Auditor's webpage copy)
3. Copy of completed utility statement (see attached)
4. Copy of EPA "Notification of Demolition and Renovation" stamped "received" by EPA (commercial only; for more information, please contact the EPA at 614-728-3816)
5. Signed "Hazardous Materials" affidavit from owner or agent (commercial or Fire Department training only); see attached
6. Site plan showing all structures on subject and adjacent properties (identify all structures to be removed)

Demolitions shall comply with the Ohio Building Code, Section 3303. Adjoining property shall be protected in accordance with the Ohio Building Code, Section 3307.

The owner and/or contractor assumes all responsibility for compliance with the City of Dublin, Code of Ordinances. All violations of the City of Dublin, Code of Ordinances shall be corrected at the request of the Division of Building Standards.

Owner or Agent (signature):	Date:
Contractor (signature):	Date:
Zoning Approval:	Date:
Chief Building Official:	Date:



CITY OF DUBLIN.

Utility Statement

Utilities have been disconnected at the following address:

	<u>Not Applicable</u>	<u>Date of Removal</u>	<u>Utility Work Order #</u> (If applicable)
ELECTRIC	<input type="checkbox"/>	_____	_____
NATURAL GAS	<input type="checkbox"/>	_____	_____
CABLE	<input type="checkbox"/>	_____	_____
TELEPHONE	<input type="checkbox"/>	_____	_____
PUBLIC WATER	<input type="checkbox"/>	_____	_____
PUBLIC SEWER	<input type="checkbox"/>	_____	_____

FUEL TANKS (PROPANE, FUEL OIL, GASOLINE, DIESEL, KEROSENE) Please describe plan for disposal of the above fuel tanks if applicable.

PRIVATE SEWAGE SYSTEMS AND WELLS: Please describe plan for removal/remediation of these types of systems.

The above is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

Hazardous Materials Affidavit
(Commercial Only)



CITY OF DUBLIN.

The following property _____ has been reviewed for hazardous materials and none exist or the hazardous materials have been abated.

Sworn to and subscribed before me this _____ day of _____, 20_____

Owner or Agent (print name) _____

(signature) _____

Notary Public _____

**OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification #
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)
 Building Name: _____
 Address: _____
 City: _____ State: **OHIO** Zip Code: _____ County: _____
 Site Location (specific): _____
 Building Size (square feet): _____ # of Floors: _____ Age in Years: _____
 Present Use: _____ Prior Use: _____

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information
Owner Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (_____) _____ Fax: (_____) _____
Removal Contractor Name: _____ License # _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (_____) _____ Fax: (614 _____) _____
Other Operator (demolition/general): _____ License # _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (_____) _____ Fax: (_____) _____

VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM:

 Ohio Asbestos Hazard Evaluation Specialist: _____
Name Certification #

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)					
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____

IX. Dates for Asbestos Removal (MM/DD/YY) Start: _____ Complete: _____

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

**OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION**

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

XII. Waste Transporter #1

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: (____) _____ Fax: (____) _____

Waste Transporter #2

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: (____) _____ Fax: (____) _____

XIII. Waste Disposal

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: (____) _____ Fax: (____) _____

XIV. Emergency Demolition (complete Item XIV and all other sections, only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder.

XVII. I certify that an individual trained in the provisions of NESHAPS (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 during normal business hours.

Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Signature of Owner/Operator Date Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin, but no later than the following work day. (Form Revised 1/5/09)