



777 Cypress Ave.
 Redding CA 96001
 (530) 225-4013 – Fax (530) 225-4360

COMMERCIAL DEMOLITION DECLARATION

Applicants for a demolition permit or structural remodel permit shall complete this declaration relevant to hazardous air pollutants upon application for permit per Section 19827.5 Health and Safety Code.

Name:

Permit Number:

- Property Owner Licensed Demolition Contractor

Please complete Box ② below and a Building Permit Application.

① For the Demolition/Remodel of SINGLE-FAMILY RESIDENTIAL STRUCTURES

I hereby declare that the demolition/remodel is a **single-family residential structure and/or a single-family residential structure's accessory building(s)** and the asbestos notification is not applicable.

Signature of Property Owner or Licensed Demolition Contractor	Date

- Complete Page 2, **Notification of Intent to Demolish a Building**
- Complete Page 3, **Demolition Permit Information Sheet**

② For the Demolition/Remodel of ALL OTHER STRUCTURES

You may be required to submit a copy of each written Asbestos Notification regarding the building that has been required to be submitted to the United States Environmental Protection Agency, or to a designated state agency, or both, pursuant to Part 51 of Title 40 of the Code of Federal Regulations, or the successor part.

Please check the statement that is applicable to your situation:

- I hereby declare that the Asbestos Notification is not applicable to the proposed demolition/remodeling project as there are no asbestos materials in the structure or building to be razed/remodeled.
- I have submitted my written asbestos notification to the United States Environmental Protection Agency and to the California Air Resources Board. Attached are copies of the notifications and Receipt of Mailing.

CERTIFICATION:

I certify that I have read this declaration and state that the above information is correct. I agree to comply with all City and County ordinances and State and Federal laws relating to the demolition or structural renovation, and hereby authorize representatives of the City and County to enter upon the property for inspection purposes.

Signature of Property Owner or Licensed Demolition Contractor	Date
Contractor's Company	California License Number

- Complete Page 2, **Notification of Intent to Demolish a Building**
- Complete Page 3, **Demolition Permit Information Sheet**
- Complete Pages 6 & 7, **Asbestos NESHAP Notification of Demolition and Renovation.**
 See mailing instructions on Page 5.

NOTIFICATION OF INTENT TO DEMOLISH A BUILDING

Structure Address:	Structure Type (house, community building, etc.):	
Number of Bedrooms	Size of Electrical Service	Size of Water Meter
Contact Person (please print):	Telephone Number:	

Please answer the following questions:

The building currently has electric service Overhead Underground Not Sure

The building currently has an existing electric meter. Yes No Not Sure

Date Requested to have electric service removed. _____

The building currently has a natural gas riser. Yes No Not Sure

The building currently has an existing gas meter. Yes No Not Sure

The building is connected to City sewer. Yes No Not Sure

The building currently has an existing water meter. Yes No Not Sure

Do you want the water service removed Yes No

Date requested to have water service removed. _____

There are plans for a new structure on the property. Yes No Not Sure

FOR OFFICE USE ONLY

FAX TO THE FOLLOWING:

- Electric Customer Service** 339-7299
- Redding Power** 245-7040
- Fire Prevention** 225-4322
- Water Utility** 224-6071
- Wastewater Utility** 224-6071
- Electric Department** 224-4393

<p>Fax Date and Time Stamp:</p> <p>Time: _____</p>

INSPECTION REQUIREMENTS

The following items require inspections to be made by the Building Department:

- **Prior to backfilling - The capped termination of the sewer lateral and the location of the end marker at the property line must be inspected.**
- **Prior to backfilling - The abandonment of a septic tank must be pumped, filled with sand or pea gravel, and verified by Building Department.**
- **Prior to requesting final inspection - Construction debris (i.e. foundation, roofing and framing materials) must be completely removed and properly disposed of.**

Any inspections that are not made for the termination of utilities prior to backfilling will require the utilities in question to be re-excavated and a reinspected fee paid.

As the contractor or owner, I hereby certify that I have read the above instructions:

Name: _____ **Date:** _____

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

The following form (pages 6 and 7) must be completed and the **original** mailed to the San Francisco address and **a copy** either mailed or faxed to the Sacramento address.

THE ORIGINAL IS MAILED TO:

Mr. Kinsley Adeduro

U.S. EPA - Region IX

Asbestos NESHAP Notification (Air 5)
75 Hawthorne Street
San Francisco CA 94105

**PLEASE SEND A COPY OF THE ASBESTOS
NOTIFICATION FORM USING ONE OF THE
FOLLOWING OPTIONS:**

EMAIL (preferred): asbestos@arb.gov

US Mail:

California Air Resources Board
Enforcement Division

Asbestos NESHAP Notification
Attention: Ahmed Najjar

P. O. Box 2815

Sacramento CA 95812

FAX: (916) 229-0645



ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT NO:	POSTMARK	DATE RECEIVED	NOTIFICATION NO:		
I. TYPE OF NOTIFICATION <input type="checkbox"/> ORIGINAL <input type="checkbox"/> CANCELLED <input type="checkbox"/> REVISION-Write Rev No: _____					
II. FACILITY INFORMATION <i>(Identify Owner, Removal Contractor, and Other Operator)</i>					
OWNER NAME:					
ADDRESS:					
CITY:	COUNTY:	STATE:	ZIP:		
CONTACT:			TELEPHONE:		
ASBESTOS REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:		TELEPHONE:	TITLE:		
DEMOLITION CONTRACTOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:		TELEPHONE:	TITLE:		
III. TYPE OF OPERATION <input type="checkbox"/> DEMO <input type="checkbox"/> ORDERED DEMO <input type="checkbox"/> RENOVATION <input type="checkbox"/> EMERGENCY RENOVATION					
IV. IS ASBESTOS PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	List Type of Asbestos Material(s) to be Removed:				
V. FACILITY DESCRIPTION <i>(Include: Building name, number and floor or room number)</i>					
BUILDING NAME:					
ADDRESS:					
CITY:	COUNTY:	STATE:	ZIP:		
SITE LOCATION:					
BUILDING SIZE:	Number 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 TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
		CAT I	CAT II	CAT I	CAT II
PIPES (Linear Feet):					
SURFACE AREA (Square Feet):					
VOL. RACM OFF FACILITY COMPONENT (Cubic Feet):					
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY):		Start:	Complete:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:		
Weekdays Work Hours: _____		Weekend Work Hours: _____			
(Form Continues on Next Page)					

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

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 AND RENOVATION SITE:

XII. WASTE TRANSPORTER NO. 1

ADDRESS:

CITY: STATE: ZIP:

CONTACT: TELEPHONE:

XIII. WASTE DISPOSAL SITE:

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE:

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

a. DATE AND HOUR OF EMERGENCY (MM/DD/YY):

b. DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:

c. 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 CRUMBLLED, 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 (REQUIRED 1 YEAR AFTER PROMULGATION).

(SIGNATURE OF OWNER/OPERATOR) _____ (DATE)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OWNER/OPERATOR) _____ (DATE)



777 Cypress Ave.
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BUILDING PERMIT APPLICATION

DATE: _____

PERMIT NUMBER: _____ PLAN CHECK NO: _____

PROJECT ADDRESS: _____ ASSESSOR'S PARCEL NO: _____

CONTACT NAME: _____ CONTACT PHONE: _____

EMAIL : _____ INSPECTION RESULT CONTACT EMAIL: _____

PROPERTY OWNER TENANT

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

DESIGNER ARCHITECT ENGINEER

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

CONTRACTOR

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

STATE LICENSE NO: _____ LICENSE CLASS: _____

CITY BUSINESS LICENSE: _____

RESIDENTIAL

- ACCESSORY BUILDING
- ADDITION
- DEMOLITION
- HVAC CHANGEOUT
- MANUFACTURED HOME
- MASTER PLAN - CLONE
- MISC. STRUCTURES
- MULTI FAMILY (3 & 4 UNITS)
- PHOTOVOLTAIC
- PHOTOVOLTAIC RE-INSTALL
- PLAN CHANGE
- REMODEL/REPAIR
- REMODEL/REPAIR (EXPRESS)
- REROOF
- REROOF (SELF CERTIFICATION)
- SERVICE CHANGE
- SINGLE FAMILY (ENGINEERED)
- SINGLE FAMILY
- SWIMMING POOL
- WATER HEATER

COMMERCIAL

- ADDITION
- COMMERCIAL COACH
- DEMOLITION
- HOLIDAY SALES LOT
- HVAC CHANGEOUT
- INTERAGENCY
- MISC. STRUCTURES
- MULTI FAMILY (>THAN 4 UNITS)
- NEW BUILDING
- PHOTOVOLTAIC
- PLAN CHANGE
- REMODEL/REPAIR
- REMODEL/REPAIR (EXPRESS)
- REROOF
- SERVICE CHANGE
- SHELL
- SITE
- SWIMMING POOL
- TENANT IMPROVEMENT
- WATER HEATER

DESCRIPTION OF WORK: _____

VALUE (INCLUDE ALL LABOR AND MATERIALS) \$ _____ CONSTRUCTION TYPE: _____ OCCUPANCY: _____

TEMP POWER POLE? YES NO

WATER METER? SIZE _____

STORMWATER 1 2

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING STATEMENTS:

I am the property owner, contractor, or authorized agent to act on the property owner's or contractor's behalf. I have read this application and the information I have provided is correct. I agree to comply with all applicable City and County ordinances, rules, regulations, and State laws relating to building construction, and with any and all conditions of permit. I agree to defend, indemnify, and hold harmless the City of Redding, its officers, agents, and employees from any and all claims and liability for personal injury, including death, and property damage caused by, arising out of, or in any way connected with the issuance of this permit. I hereby acknowledge that issuance of this permit does not authorize the use or occupancy of any sidewalk, or street. I authorize representatives of the City of Redding to enter the above mentioned property for inspection purposes.

This permit expires if the building or work authorized herein is not commenced within 180 days or abandoned. After expiration, this permit must be renewed before the work may be commenced again. I authorize City representatives to enter the premises during normal business hours as may be necessary to perform the duties imposed by the California Building Standards Code. I agree to comply with all City of Redding ordinances, State, and Federal laws relating to building construction.

Print Name: _____ OWNER CONTRACTOR AUTHORIZED AGENT APPLICANT

**Authorized Agent's signature requires separate authorization form.*

Contractor, Property Owner, Or Authorized Agent's Signature: _____ Date: _____

Identify the Construction Lending Agency

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (3097 Civil Code).

Lender's Name: _____

Mailing Address: _____ City/State/Zip: _____

Owner/Builder Declaration

I hereby affirm under penalty of perjury that I am exempt from the Contractors State License Law for the following reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Sec.7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors State License Law [Chapter 9 {commencing with Section 7000} of Division 3 of the Business and Professions Code] or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars [\$500]).

I, as owner of the property, or my employees with wages as their sole compensation, will do ALL or PORTIONS of the work, and the structure is not intended or offered for sale. (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of the property, who through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code: The Contractors State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a licensed Contractor pursuant to the Contractors State License Law).

I am exempt from licensure under the Contractors State License Law for the following reason: _____

By my signature below, I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.legalinfo.ca.gov/calaw.html>

Property Owner or Authorized Agent's Signature: _____ Date: _____

*Owner/Builders must complete the Owner/Builder form.

California Licensed Contractors Declaration

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CA Contractors License Number: _____ Class: _____ Expiration Date: _____

Contractor Signature: _____ Date: _____

Workers' Compensation Declaration

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000). In addition to the cost of compensation, damages as provided for in Section 3706 for the Labor Code, interest, and attorney's fees, I hereby affirm under penalty of perjury **one** of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No: _____

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are: Carrier: _____ Policy No: _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Contractor, Property Owner, or Authorized Agent's Signature: _____ Date: _____