

# APPLICATION FOR PERMIT TO RAZE BUILDING

Permit No. \_\_\_\_\_ DATE \_\_\_\_\_  
FEE \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name of Demolition Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Present Location of Building \_\_\_\_\_

Stories \_\_\_\_\_ Type \_\_\_\_\_

Single Dwelling \_\_\_\_\_ Duplex \_\_\_\_\_  
Frame Brick Etc.

Business, Commercial, Public or Semi-Public \_\_\_\_\_

REMARKS: (List all accessory buildings for above occupancies for demolition)

Estimated Cost: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

BUILDING PERMIT APPLICATION  
North Canton, Ohio

Date _____	F	Bldg. Permit \$ _____
Bldg. Permit # _____	E	Zoning Certificate \$ _____
Zoning Certificate # _____	E	Grade Stakes \$ _____
Grade Stakes # _____	S	Penalty \$ _____
		Total \$ _____

Property Address \_\_\_\_\_  
Lot Number \_\_\_\_\_ Zoning Classification \_\_\_\_\_  
Owner \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Contractor \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

<b>TYPE OF IMPROVEMENT</b>	<b>PROPOSED USE</b>
<input type="checkbox"/> New Building	<input type="checkbox"/> Single Family
<input type="checkbox"/> Addition	<input type="checkbox"/> Two Family
<input type="checkbox"/> Alteration	<input type="checkbox"/> Three Family
<input type="checkbox"/> Other _____	<input type="checkbox"/> Accessory Bldg.
<input type="checkbox"/> Roofing	<input type="checkbox"/> OBBC
<input type="checkbox"/> Siding	<input type="checkbox"/> Other _____
<input type="checkbox"/> Driveway/Sidewalk	Use Group _____

Value of Improvement \_\_\_\_\_  
Building area of all floors \_\_\_\_\_  
Approval Date \_\_\_\_\_

I agree to conform to all applicable laws of the City of North Canton and the State of Ohio.

\_\_\_\_\_  
Superintendent P & I / C.B.O.

\_\_\_\_\_  
Owner/Contractor

A G R E E M E N T

AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_\_\_ by and between the City of North Canton (hereinafter referred to as "City") and \_\_\_\_\_ (hereinafter referred to as "Contractor").

WHEREAS, Contractor has contracted to raze, demolish or tear down a \_\_\_\_\_ at the following address within the corporate limits of the City of North Canton: \_\_\_\_\_, and;

WHEREAS, Contractor has, pursuant to Chapter 1303 of the Code of Ordinances of City made application to the City for a permit to perform said above described razing, demolition or tear down, and;

WHEREAS, pursuant to Section 1303.01 of the Code of Ordinances, applicant is required as follows:

"In addition, before said permit is issued, the person, firm or corporation shall execute an indemnification agreement to be approved by the City of North Canton Law Department in favor of the City of North Canton, Ohio, so as to save and hold said City harmless against any and all liabilities, claims, losses, damages, costs and expenses which may in any way accrue against the City because of negligence of the applicant or failure to comply with the provisions of this ordinance by such applicnat, or his, their or its agents, servants, or employees."

NOW, THEREFORE, pursuant to the requirements of Section 1303.01 of the Code of Ordinances of the City, Contractor agrees as follows:

- (1) Contractor agrees to indemnify and save City, its agents, employees, officers and successors and assigns, harmless from any and all claim or claims, demand or demands, cause of action or causes of action, damages, costs, loss of services, expenses or compensation from whatever source, for personal injury or property damage, resulting from, attributable to, or occasioned by the work performed as described above or the issuance of the above described permit.
- (2) This agreement shall be binding upon the Contractor-heirs, administrators, executors, successors and assigns.

\_\_\_\_\_  
CONTRACTOR

Accepted by City of North Canton

by \_\_\_\_\_

Approved as to Form:

Department of Law

by \_\_\_\_\_

# 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: (\_\_\_\_) \_\_\_\_\_  
**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 VII, 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. (Form Revised 11/12/97)

**INSTRUCTIONS FOR  
NOTIFICATION OF ASBESTOS DEMOLITION AND RENOVATION  
OHIO ENVIRONMENTAL PROTECTION AGENCY**

**Regulatory Requirements:**

The Ohio Environmental Protection Agency adopted Chapter 3745-20 of the Ohio Administrative Code (OAC) "Asbestos Emission Control from Renovation Demolition and Waste Disposal Operation" May 29, 1990. Chapter 3745-20 implements the National Emission Standard for Hazardous Air Pollutants (NESHAP) Standard for Asbestos. On November 20, 1990 U.S. EPA revised the asbestos NESHAP. Proper completion and submittal of the Ohio EPA form for notification, meets or exceeds all requirements for notification under the NESHAP and the Ohio Administrative Code. Notification requirements are found in OAC 3745-20-03 and in 40 CFR Section 61.145(b).

**Who Must Notify:**

Every demolition of a facility requires notification regardless of whether asbestos is involved. Renovation of a facility must be submitted when the amount of regulated asbestos-containing material (RACM) stripped, removed, dislodged, cut, drilled, or similarly disturbed exceeds 260 linear feet on pipes or 160 square feet on other facility components or 35 cubic feet off facility components.

**When Must Notification Be Provided:**

Notice must be postmarked, delivered or received by the Ohio EPA district office or local air agency with jurisdiction in the county where the operations will occur. A list of the counties and a map is available for reference. All notifications must be submitted at least 10 working days (Monday-Friday excluding weekends) before operations begin. Phone notification is not acceptable for original notification. Notification must be updated when substantive information changes or the amount of asbestos changes by more than 20%. Updated notification may be provided by phone or fax followed in writing before the operations continue. An emergency demolition or emergency renovation notice must be submitted as early as possible before but not later than the following working day, and must include the information required under notice sections XIV and XV.

**What Information Must Be Supplied:**

Complete all parts of the form except XIV and XV unless the notice is for emergency demolitions or renovations. Demolition which involves less than 260 linear feet or 160

square feet do not need to complete items VII, XI, XII, and XIII. Before submitting any notice the facility must be thoroughly inspected for asbestos including Category I (nonfriable packing gaskets, floor tile, asphalt roofing) and Category II (all other nonfriable ACM). OAC 3701-34-02(C) prohibits any person not certified as an asbestos hazard evaluation specialist in Ohio from inspecting and identifying asbestos for the purpose of determining the need for an asbestos hazard abatement activity.

Operator Project # -- this is an optional space provided for the person submitting the notice to indicate a project number.

- I. Identify if the notice is an original, revised, or canceled.
- II. A complete facility description must be provided including the specific portion of the facility affected by the operations. Building size must be estimated in square feet, number of floors, and age in years. Also include the present and prior use (i.e., industrial, commercial, institutional, etc.)
- III. Identify the type of operation being notified. If uncertain consult 40 CFR 61.141 and 61.145(a) or OAC 3745-20-01 and 3745-20-02.
- IV. Declare whether or not asbestos is present in any quantity.
- V. All spaces must be completed identifying the Owner, Removal Contractor and other responsible operator (if applicable) such as a demolition contractor or general contractor.
- VI. Include the procedure used to detect and analyze asbestos. All operations should have the records of the inspection and analyses on-site during active operations for inspection. Such records would include a list of materials assessed, locations sampled and the sample results.
- VII. Quantify asbestos in the three columns (RACM, Nonfriable Asbestos Material to be Removed, Nonfriable Asbestos Material NOT to be Removed).

- VIII. The starting and ending date for demolition or renovation must be noted even when asbestos is not being removed.
- IX. Include the scheduled dates for asbestos removal and specify the hours of operation and check off the days of the week operations will be active.
- X. Describe the demolition or renovation which will occur and the methods or operations that will be employed.
- XII. Indicate the names and addresses and phone numbers of any waste transporters. You must also complete a Waste Shipment Record prior to consigning any asbestos waste materials.
- XIII. Identify the waste disposal site and its actual location (may be different from mailing address).
- XIV. This space is only for emergency demolitions that meet the definitions and requirements of the regulation. In addition to completing the notification form, four additional items must be completed or attached to the notice. If a facility is not in imminent danger of collapse, it is not an emergency demolition even though it may be ordered due to hazardous conditions.
- XV. Emergency Renovations must meet criteria described at 40 CFR 61.141 and OAC 3745-20-01. Include an attachment with the three items listed on the notice form.
- XVI. Describe the procedures to be followed in the event unexpected asbestos is found or nonfriable asbestos becomes RACM. This will prevent delays or complete re-notification. In the event asbestos quantities change by 20% or more, you must update the notice.
- XVII. After November 20, 1991 you must certify a NESHAP trained person will be available during normal business hours at the demolition or renovation site. Signature must be by an authorized officer of the owner or operator.