

# Demolition Permit Application



Permit# \_\_\_\_\_ Fee Amount \$ \_\_\_\_\_

## Facility Information:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Removal Contractor:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Tennessee One Call Ticket# \_\_\_\_\_

## Type of Operation: (Check)

Demolition       Ordered Demolition       Renovation       Emergency Renovation

Facility Description \_\_\_\_\_

Building Name \_\_\_\_\_

Address \_\_\_\_\_

Hamblen County Tax Map \_\_\_\_\_ Group \_\_\_\_\_ Parcel \_\_\_\_\_

Building or Property Total Square Footage \_\_\_\_\_ # of floors \_\_\_\_\_ Age in years \_\_\_\_\_

Present use \_\_\_\_\_

Prior use \_\_\_\_\_

Proposed use \_\_\_\_\_

Site Plan Attached: Check  Yes  No

Destination Site of demolition material \_\_\_\_\_

Schedule date of preparation: Start \_\_\_\_\_ Complete \_\_\_\_\_

Description of Planned Demolition or Renovation Work, Method(s), to be used:

Attach a list of all hazardous materials within the structure:

Is Asbestos Present? Check  Yes  No

Procedure and Analytical Method used to detect the presence of asbestos material:

Approximate Amount of Asbestos in Work Area Including 1. Regulated ACM to be Removed 2. Category I & II ACM Not Removed 3. Category I & II ACM Removed	RACM to be removed	Nonfriable Asbestos Material				Unit of Measurement
		Not to be removed		To be removed		
		Category I	Category II	Category I	Category II	Circle
Pipes						LNFT / Ln m
Surface Area						SQFT / Sq m
Volume RACM off Facility Components						CUFT / Cu m

Scheduled Dates for Asbestos Removal Start \_\_\_\_\_ Complete \_\_\_\_\_

Description of Work Practices and Engineering Controls to be used to Prevent Emission of Asbestos at the Demolition and Renovation Site:

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

***For Staff Only***

***All required agencies have been notified of the demolition plan as required.***

\_\_\_\_\_  
Water Service Provider

\_\_\_\_\_  
Sewer Service Provider

\_\_\_\_\_  
Stormwater Manager

\_\_\_\_\_  
Power Service Provider

\_\_\_\_\_  
Fire Marshal

\_\_\_\_\_  
Chief Building Official

Non-Member Utilities Notified \_\_\_\_\_  
(gas, phone, etc.)