

City of Morristown Demolition Permit Application

The City of Morristown intends to process these permits within 48 hours but will not require more than 10 days before the permit is approved or denied. **(Demolition Permit \$50.00)**

Please Call Tennessee One Call 1-800-351-1111

Facility Information:

Owner Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Cell Phone _____
e-mail _____

Removal Contractor:

Address _____
City _____ State _____ ZIP _____
Phone _____ Cell Phone _____
e-mail _____

Tennessee One Call Ticket # _____

Type of Operation: (Circle)

Demolition	Ordered Demolition	Renovation	Emergency Renovation
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Facility Description _____
Building Name _____
Address _____
Hamblen County Tax Map and Parcel Number _____
Building or Property Total Square Footage _____ # of Floors _____ Age in Years _____
Present Use _____
Prior Use _____
Proposed Use _____

Site Plan Attached (Circle) YES NO

Destination Site of Demolition Material _____

Scheduled 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? (Circle)

YES

NO

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

[Empty box for procedure and analytical method]

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 Circle
		Not to be removed		To be removed		
		Category I	Category II	Category I	Category II	
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:

[Empty box for description of work practices and engineering controls]

Signature _____ Date _____

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

Water Service Provider

Power Service Provider

Sewer Service Provider

Fire Marshall

Stormwater Manager

Chief Building Official

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