

HOWARD TOWNSHIP DEMOLITION PERMIT

INCOMPLETE APPLICATIONS WILL BE RETURNED

Permit Number

Non-Refundable Permit Fee of \$50.00

Demolition Contractor	Company Name:			Demolition Site	Property Parcel Number:		
	Street:				Square footage of footprint of facility or portion of facility to be demolished		
	City:	State:	Zip Code:		Street:		
	Telephone # ()	Fax # ()			City:	County:	Zip Code:
	Project Manager:	Cell Phone # ()			Proposed Start Date		Proposed Completion Date
	I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the facility to be demolished.				Method/Mean of Demolition:		
	Signature:	Print Name:			<input type="checkbox"/> Wrecking		
	Landfill Receiving Building Debris: (Receipts Required)						
Asbestos Removal Contractor	General Abatement Contractor (GAC)			Building Owner	Owner's Name:		
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street:		
	Date Removal Completed	Telephone # ()			City:	State:	Zip Code:
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name:		Telephone # ()
Well Removal Contractor	Water well contractor:						
	Date well capped:						
	Telephone # ()						
	Size of well and depth:						
Certified Asbestos Inspector Certification	<p>With my signature below, I certify that I possess current AHERA accreditation as an Asbestos Building Inspector. I also certify that I have thoroughly inspected the facility to be demolished, as listed in the Demolition Site block above, sampled all suspect materials, had all samples analyzed for the presence of asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: (check appropriate box(es)):</p> <p> <input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify: </p>						
	Signature: (In Blue Ink)			Printed Name:			
	Date of Final Inspection	CO Cert #	Expiration Date	Telephone # ()	Cell Phone # ()		
	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. CHECK THE APPROPRIATE BOX:						
Building Owner or Contractor	<input type="checkbox"/> Building Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other	Date:	
	Signature:			Print Name:			
THIS BOX IS FOR TOWNSHIP USE ONLY:							
Date Received:		Approved By:			Date Issued:		
Payment Received:	Cash	Check #	Received By::				