

Schoolcraft County Building Codes  
300 Walnut Street, Room 206  
Manistique, Mi. 49854  
(906) 341-3678

DATE:

**DEMOLITION DEBRIS DISPOSAL STATEMENT**

PERMIT # \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LANDFILL NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

LANDFILL ADDRESS: \_\_\_\_\_

DATES SENT TO LANDFILL: \_\_\_\_\_

NUMBER OF LOADS: \_\_\_\_\_

SIZE OF LOADS: (yards) \_\_\_\_\_ or (tons) \_\_\_\_\_

COPIES OF DISPOSAL RECEIPTS INCLUDED: (yes) \_\_\_\_\_ (no) \_\_\_\_\_

I \_\_\_\_\_ attest that any hazardous materials were disposed of in a lawful manner and that the information indicated above is correct and verifiable at the landfill location.

\_\_\_\_\_ Date \_\_\_\_\_

Contractor or Owner must sign

NOTE: The parcel or lot will not be eligible for additional permitted improvements until this document is completed, signed and submitted to the Building Department prior to scheduling the final inspection. There will be a \$75.00 additional fee charged (R113.4, can be daily) if permit expires without requesting an extension in writing with a reason for the request, (R105.5) or without passing the final inspection.

**Schoolcraft County Building and Zoning Department  
300 Walnut Street  
Manistique, Mi. 49854  
(906) 341-3678**

**Date:** \_\_\_\_\_

**Demolition Affidavit**

**Salvaged material removed from structure will be sold or used in a lawful way.  
Hazardous material (if any) will remain on site or be disposed of in a lawful way  
A copy of any disposal receipts will be provided to Building Department before final  
inspection.**

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Code Administrator**

\_\_\_\_\_  
**Date**

# APPLICATION FOR PLAN EXAMINATION AND DEMOLITION PERMIT

SCHOOLCRAFT COUNTY BUILDING DEPT  
300 WALNUT STREET  
COURTHOUSE ROOM 207  
PHONE (906) 341-3678

Date: \_\_\_\_\_

<b>1. LOCATION OF BUILDING</b>			
ADDRESS _____		SUBDIVISION _____	
CITY/VILLAGE _____	TOWNSHIP _____	LOT NO. _____	
PROPERTY NO. _____	LEGAL DESCRIPTION: TOWNSHIP _____ RANGE _____ SECTION _____		
<b>2. IDENTIFICATION</b>			
<b>A. OWNER OR LESSEE (Circle One)</b>			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
<b>B. APPLICANT IF DIFFERENT THAN OWNER</b>			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
<b>C. CONTRACTOR</b> <small>If work will be done by owner of proposed construction, indicate "owner". Otherwise complete this section.</small>			
NAME _____		TELEPHONE NO. _____	
ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
BUILDERS LICENSE NUMBER _____			
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION _____			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION _____			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION _____			
<b>3. DEMOLITION</b>			
<b>A. Type of Demolition Commercial or Residential (Circle One)</b>			
Building for Demolition: 1. _____ House 2. _____ Mobile Home 3. _____ Foundation 4. _____ Basement 5. _____ Business 6. _____ Other _____			
<b>B. OWNERSHIP</b>			
1. _____ Private (Individual, corporation, nonprofit institution, etc.) 2. _____ Public (Federal, State or local government)			
<b>C. PRINCIPAL TYPE OF FRAME</b>		<b>D. DEMOLITION: Where are spoils to be taken:</b>	<b>E. TYPE OF WATER SUPPLY</b>
_____ Masonry (Wall Bearing)		_____	_____ Public _____ Private
_____ Wood Frame		_____	
_____ Structural Steel		_____	<b>F. TYPE OF SEWAGE DISPOSAL</b>
_____ Reinforced Concrete		_____	_____ Public _____ Septic
_____ Other - Specify _____		_____	_____ None _____ Privy
<b>G. BUILDING DIMENSIONS</b>			
Building Floor Size _____			
Basement Floor Size _____			

**4. APPLICANT INFORMATION**

Applicant is responsible for payment of all fees, and must provide the following information:

Section 23a of the State Construction Code Act, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

I hereby certify that the information contained in this application, and in the plans and specifications accompanying this application are true and complete and contain a correct description of the building or structure, lot, and proposed work.

**Signature of Applicant**

Date

PLEASE NOTE: If applicant is other than the person listed as "LANDOWNER", this application must be accompanied by an architectural, engineering or construction contract, power of attorney, or following authorization designating the applicant as agent, attorney, architect, engineer or builder.

**5. LANDOWNER AUTHORIZATION (To be completed prior to submission of application for demolition permit.)**

I, \_\_\_\_\_, owner  
in fee of the above-described land upon which the  
proposed demolition is to occur, hereby designate  
and authorize \_\_\_\_\_  
as the Responsible Party for Demolition on my  
property for which this application is made.  
Date: \_\_\_\_\_

**SIGNATURE OF LANDOWNER:**

PRINT NAME:

PRINT ADDRESS:

PRINT CITY, STATE, ZIP CODE:

TELEPHONE NO. \_\_\_\_\_

**DEMOLITION FEES:**

BUILDING \_\_\_\_\_

BASEMENT \_\_\_\_\_

DECK \_\_\_\_\_

GARAGE \_\_\_\_\_

POLE BARN \_\_\_\_\_

PORCH \_\_\_\_\_

ADMINISTRATION FEE \_\_\_\_\_

PLAN REVIEW \_\_\_\_\_

SOIL EROSION \_\_\_\_\_

TOTAL AMT \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

**COMMENTS:**

NOTES:

**FOR OFFICE USE ONLY**

**DEMOLITION PERMITS**  
**SECTION 3303**

SERVICE UTILITY CONNECTIONS SHALL BE DISCONTINUED AND CAPPED IN ACCORDANCE WITH THE APPROVED RULES AND THE REQUIREMENTS OF THE AUTHORITY HAVING JURISDICTION.

PRIOR TO ISSUE OF THE DEMOLITION PERMIT A UTILITY SHUT OFF NOTICE IS REQUIRED FROM THE FOLLOWING:

1. ELECTRIC COMPANY
2. GAS COMPANY
3. HEALTH DEPARTMENT FOR WELL AND SEPTIC
4. DEPARTMENT OF PUBLIC WORKS FOR WATER AND SEWER

NOTE THAT THE PHONE COMPANY AND CABLE COMPANY SHOULD ALSO BE NOTIFIED.

ANY DEMOLITION OF A STRUCTURE OTHER THAN A PRIVATE OWNED PRIVATELY CONTROLLED RESIDENCE REQUIRES A "NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH" TO BE FILED WITH THE ASBESTOS NESHAP COORDINATOR IN LANSING. AN ASBESTOS SURVEY IS REQUIRED TO BE PERFORMED ON THE STRUCTURE PRIOR TO THE FILING OF THE NOTIFICATION.

QUESTIONS REGARDING THE ASBESTOS SURVEY OR NOTIFICATION CAN BE DIRECTED TO JOE SCANLAN, NESHAP ASBESTOS INSPECTOR 906-458-6405.

COST OF THE DEMOLITION PERMIT IS:

\$50 FOR RESIDENTIAL

\$50 FOR COMMERCIAL

PLUS \$75 FOR FINAL INSPECTION

SEE CHAPTER 33 OF THE MICHIGAN STATE CONSTRUCTION CODE 2000 FOR OTHER REQUIREMENTS SUCH AS PROTECTION OF PEDESTRIANS, PROTECTION OF ADJOINING PROPERTY, AND REQUIREMENTS FOR BARRIERS.

**KRIS GROVER**  
**SCHOOLCRAFT COUNTY BUILDING ADMINISTRATOR/INSPECTOR**

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, & ENERGY (EGLE) AIR QUALITY DIVISION  
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY (LEO), ASBESTOS PROGRAM, P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

**EGLE/LEO USE ONLY**

Postmark Date \_\_\_/\_\_\_/\_\_\_ Rec'd Date \_\_\_/\_\_\_/\_\_\_  
 Emergency Date \_\_\_/\_\_\_/\_\_\_ Valid No. \_\_\_\_\_  
 OK  Send Def Ltr. Date of Def Ltr. \_\_\_/\_\_\_/\_\_\_  
 FOLLOW UP \_\_\_/\_\_\_/\_\_\_ Spoke w/ \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Notification No. \_\_\_\_\_ Trans No. \_\_\_\_\_

**Calculate LEO Asbestos Project Fee:** (1% Project Fee)  
 Total Project Cost: \_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 Type of Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

**1. NOTIFICATION:**  
 Date of Notification: \_\_\_\_\_  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type:  Original  Revised  Canceled  Annual  
**Mark appropriate boxes: (both EGLE and LEO may apply):**  
**EGLE (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]**  
 Planned Renovation – 10 **working** days notice  
 Emergency Renovation  
 Scheduled Demolition – 10 **working** days notice  
 Intentional Burn – 10 **working** days notice  
 Ordered Demolition  
**LEO (MIOSHA) [Will not accept annual notifications]**  
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice  
 Emergency Renovation/Encapsulation

**2. PROJECT SCHEDULE:**

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	_____	_____
+Demolition:	_____	_____
Encapsulation:	_____	_____

**Work Schedule:** Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	_____	_____
Demolition:	_____	_____
Encapsulation:	_____	_____

\* Includes setup, build enclosure, asbestos removal, demobilizing, etc.  
 +Include **only** those dates you are conducting asbestos removal/demo.  
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

**3. ABATEMENT CONTRACTOR:** Internal Project #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. DEMOLITION CONTRACTOR:** Internal Project #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. FACILITY OWNER:** ("Facility" includes Bridges)  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. FACILITY DESCRIPTION:**  
 Facility Name: \_\_\_\_\_  
 Location Address/Description: \_\_\_\_\_  
 \_\_\_\_\_ If Apt. # of units: \_\_\_\_\_  
 City/Twp. \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_ Nearest Crossroad: \_\_\_\_\_  
 Size: (sq. ft.) \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Floor No.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_  
 Specific Location(s) in Facility: \_\_\_\_\_

**7. DISPOSAL SITE:**  
 Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

<b>8. WASTE TRANSPORTER 1:</b>	<b>WASTE TRANSPORTER 2:</b>
Name: _____	_____
Address: _____	_____
City/State/Zip: _____	_____
Phone: _____	_____

**9. ORDERED DEMOLITIONS:** (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.  
 Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**10. IS ASBESTOS PRESENT?**  Yes  No  To be removed prior to demolition

**Estimate the amount of asbestos:** Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <b>not</b> removed prior to demo.		Units of Measure	
		Category I	Category II		
_____	_____	_____	_____	<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
_____	_____	_____	_____	<input type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
_____	_____	_____	_____	<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu.M.*

\*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

**NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)**

**11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:**

**A) RENOVATION:** Mark all surfaces/types of RACM to be removed:

- Piping     Fittings     Boiler(s)     Tanks(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Mag Block     Other (describe) \_\_\_\_\_

**Encapsulation (for LEO):** Mark surfaces/types to be encapsulated:

- Piping     Fittings     Boiler(s)     Tank(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Other (describe) \_\_\_\_\_

**Method of removal:** Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**B) DEMOLITION:** Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: \_\_\_\_\_  
 \_\_\_\_\_

**12. ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: \_\_\_\_\_  
 \_\_\_\_\_

**13. UNEXPECTED ASBESTOS:** Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: \_\_\_\_\_  
 \_\_\_\_\_

**14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** **A)** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): \_\_\_\_\_  
 \_\_\_\_\_

**B)** Name, address, and phone number of the company performing asbestos survey: \_\_\_\_\_

**C)** Name, accreditation number of the inspector, and date of inspection: \_\_\_\_\_

**15. EMERGENCY RENOVATIONS:** Date/time of emergency: \_\_\_\_\_ Describe the sudden, unexpected event: \_\_\_\_\_  
 \_\_\_\_\_

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_  
 \_\_\_\_\_

**16.** I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

\_\_\_\_\_  
*Signature of Owner or Abatement Contractor*      *Date*

\_\_\_\_\_  
*Signature of Owner or Demolition Contractor*      *Date*

**17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LEO)**  
 Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

\_\_\_\_\_  
*Signature of Building Owner or Lessee*      *Date*

\_\_\_\_\_  
*Signature of Asbestos Abatement Contractor Representative*      *Date*

**NOTE:** It is not mandatory that a signed copy be sent to LEO unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

**18. I certify that the above information is correct:**

\_\_\_\_\_  
*Printed Name of Owner/Operator*      *Date*

\_\_\_\_\_  
*Signature of Owner/Operator*      *Date*

**MAILING ADDRESSES/PHONE NUMBERS:** (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For **Public Act 135 of 1986, as amended, Section 220 (1-4) or (8),** mail to address below. For more info visit:  
<http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program  
 LEO, CSHD  
 P.O. Box 30671  
 Lansing, MI 48909-8171

517.284.7699 (office), 517.284.7700 (fax)

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M,** please use the e-submittal process. For more information visit  
<http://www.michigan.gov/air>, under Air Links click on Asbestos NESHAP Program.

NESHAP Asbestos Program  
 EGLE, AQD  
 P.O. Box 30260  
 Lansing, MI 48909-7760

517.899.2182 (Office)

# Checklist for Renovation/Demolition Operations

## RENOVATION PROJECTS

Your project may be regulated through the federal National Emission Standards of Hazardous Air Pollutants (NESHAPS) and the following may apply:

- A thorough asbestos inspection may be required to be performed by an accredited asbestos inspector.
- Notification form submittal may be required.
- Asbestos abatement may be required.

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## DEMOLITION PROJECTS

Demolition projects involving commercial buildings and structures are regulated through the federal NESHAP's. Single family homes may be regulated if part of a public or private project. The definition of demolition in the NESHAP's regulations is as follows:

- All commercial demolitions are regulated through the NESHAP's and a 10 working day notification is required.
- An asbestos inspection by an accredited asbestos inspector is required prior to demolition of commercial facilities.
- All regulated asbestos containing material must be removed prior to demolition of a regulated facility.

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### *Questions?*

Please contact:

Joe Scanlan

Upper Peninsula/Northern Lower Peninsula Inspector

906-458-6405

Marquette District Office 1504 West Washington Street

Marquette, MI 49855