

HOWARD TOWNSHIP DEMOLITION PERMIT

INCOMPLETE APPLICATIONS WILL BE RETURNED

Permit Number _____

Non-Refundable Permit Fee of \$**75.00**

Demolition Contractor	Company Name:			Demolition Site	Property Parcel Number:				
	Street:				Square footage		Type of building		
	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.				Comments				
	Signature:		Print Name:						
	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	Contractor								
	Date well capped								
	Telephone number								
	Size and depth of well								
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:			Printed Name:					
	Date of Final Inspection	CO Cert #	Expiration Date	Telephone # ()		Cell Phone # ()			
Building Owner or Contractor	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. CHECK THE APPROPRIATE BOX:								
	<input type="checkbox"/> Building Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other		Date:		
	Signature:			Print Name:					

THIS BOX IS FOR TOWNSHIP USE ONLY:

Payment Received:	Cash	Check #	Received By::	Date:
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