



511 Main St. | PO Box 130 | Idaho City, ID 83631

Phone (208) 392-4584

www.idahocity.municipalimpact.com

idahocityclerk@cityofic.org | idahocityoffice@cityofic.org

DEMOLITION PERMIT

☐ Commercial

☐ Residential

PROJECT INFORMATION:

Project Address:

Project Estimated Cost: \$

PROPERTY OWNER INFORMATION:

Name:

Address:

City, State, Zip:

Phone:

Email:

CONTRACTOR INFORMATION:

Business Name:

Address:

City, State, Zip:

Phone:

Email:

State License #
& Expiration Date:

COMPLETE AND ANSWER ALL QUESTIONS:

1. What is the structure being removed? _____
2. Is the building being partially demolished? ☐ Yes ☐ No Does it have a basement? ☐ Yes ☐ No
3. What are the future plans for the site? _____
4. How will the site be protected for safety? _____
5. The City requires a pre-approved Traffic Control Plan for any work being done within or impacting the City Right-of-Way. Contact City Hall at (208) 392-4584 to determine if a plan is needed.
6. Have the following been disconnected, abandoned, or capped? How?
Gas/Propane _____ Electrical _____
City Water _____ City Sewer _____
7. Is the structure in the city's Historical District or a historical site? ☐ Yes ☐ No
8. Have you contacted the Idaho City Fire Protection District? (contact (208) 392-6621) ☐ Yes ☐ No
9. An asbestos certificate is required for structures older than 1975. Is asbestos present? ☐ Yes ☐ No (if yes, provide certificate)
10. Have you received a copy of the EPA Asbestos Information? ☐ Yes ☐ No
11. What year was the structure originally built? _____ Is lead paint present? ☐ Yes ☐ No (see information below from the EPA.)

NOTES:

- All concrete is to be removed unless structurally sound and planned to be re-used.
- Soil may need a compaction test if a new structure is not built upon native soil.

As the Owner/ Applicant/ Contractor I hereby certify that I have read and examined the above application and checklist, and that all of the information provided, and items checked are included as part of the initial permit application submittal and are true to the best of my knowledge.

Signature _____ Date _____

ASBESTOS

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #		
I. Type of Notification (O=Original R=Revised C=Canceled)					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME:					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
REMOVAL CONTRACTOR:					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:	Tel:				
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
IV. IS ASBESTOS PRESENT? (Yes/No)					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address:					
City:	State:	County:			
Site Location:					
Building Size:	# of Floors:	Age in Years:			
Present Use:	Prior Use:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

(Date)

The United States Environmental Protection Agency states that, “Any renovation, repair, or painting (RRP) project in a pre-1978 home or building can easily create dangerous lead dust.” The EPA requires that RRP projects that disturb lead-based paint in homes, childcare facilities, and preschools built before 1978 be performed by lead-safe certified contractors.

More information can be found at:

<https://www.epa.gov/lead/lead-renovation-repair-and-painting-program#:~:text=EPA%20requires%20that%20RRP%20projects,projects%20in%20their%20own%20homes.>

You may also find information about asbestos at

<https://www.epa.gov/asbestos> or the State of Idaho has information on their website at <https://www.deq.idaho.gov/air-quality/compliance-assistance/>