



Permit No: _____

CHELAN COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT
316 WASHINGTON STREET, SUITE 301, WENATCHEE, WA 98801
TELEPHONE: (509) 667-6225

DEMOLITION PERMIT APPLICATION

Parcel Number (APN): _____	Lot Size: _____ (Acres) Parcel
Address: _____	City/Zip: _____
Abbreviated Legal Description: _____	
Property Owner(s): _____	
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
E-mail: _____ <input type="checkbox"/> Copy of Recorded Deed is required as an attachment.	

Applicant: _____	Company Name: _____
Mailing Address: _____	
City/State/Zip: _____	Phone: _____
E-mail: _____	

Please select the box for what type of structure you are demolishing:	
<input type="checkbox"/> SFR	<input type="checkbox"/> Garage <input type="checkbox"/> Other: _____
Demolition Permits are \$150.	

***Please make sure to complete all information on pages 1 - 3 of the application.**

I (We) certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete to the best of my (our) knowledge. I (We) further certify (or declare) that all Easements, Deed Restrictions, other encumbrances, and/or issues restricting or affecting the use or condition of the property have been accurately disclosed to the best of my (our) knowledge and are shown on the site plan submitted with this application. I (We) understand that encroachment and/or building into easements, deed restrictions or other encumbrances are my (our) responsibility and not Chelan County's. I (We) further affirm that by my (our) signature below that I (we) have obtained legal permission to build within or encumber all easements on this property. Owner hereby releases, discharges, indemnifies and holds harmless the County from and against any and all claims, demands, causes of action, suits or judgments (including costs and expenses incurred in connection therewith) by both the easement holder or encumbered person(s) arising out of or in connection with the County's issuance of a building permit. (We) certify (or declare) that I (We) am the owner of the property or have been given authorization from the property owner to obtain this permit. I (We) further agree to comply with the International Building, Residential, Fire, Mechanical, Plumbing, and all applicable Chelan County/City Codes. Applicant/Owner(s) assumes all risk and liability for any claims and liabilities.

Owner(s)/Applicant Signature: _____ **Date:** _____

⓪ FOR OFFICIAL USE ONLY ⓪

Received By & Date:	Building Approval & Date:	Fees Paid:
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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 ON-SITE 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)



Greater Wenatchee Regional Landfill & Recycling Center
191 South Webb Road
East Wenatchee, WA 98807
(509) 884-2802
(509) 884-8724

June 8, 2009

To: All Asbestos Abatement Customers

Re: Asbestos Packaging/Preparation **1 Update 6/8/09**

The following are policies/procedures that must be adhered to for acceptance of ACM for disposal at the Graham Road Landfill and or the Greater Wenatchee Regional Landfill. We reserve the right to prohibit any company that violates these policies from disposal of ACM at either of these facilities. Furthermore, any clean up or additional work required to dispose of improperly packaged or prepared ACM will be charged to your company at the full rate allowable by law.

1. Adequately Wet

- It is your responsibility to make sure that asbestos is adequately wet as required by regulation. This means adequately wet when the ACM is brought to and disposed of at the landfill, if at any time site personnel find evidence that the ACM is not wet as required the appropriate regulatory agency will be contacted.

2. Double Wrapped

- Burrito wrapped asbestos must be double wrapped in Re-enforced 6 mil thick plastic. Burrito style wrapped asbestos must have the seams glued and taped. Burrito wrapped ACM must be marked as required.
- Bagged asbestos must be double bagged and marked.
- Note: Re-enforced 6 mil plastic can be purchased locally, (Spokane) when purchased by the pallet load the cost is similar to regular 6 mil.
- Any loads (Burrito Style) arriving at these facilities after July 1, 2009 that are not double wrapped with re-enforced 6 mil will be rejected.

3. Repairs

- When unloading your asbestos, if at any time your packaging rips, tears or is breached in anyway you must immediately repair the breach. All transporters shall carry plastic, tape and glue at all times so the repair can be completed.

4. Documentation

- Waste Shipment Records (WSR) must accompany each load.
- **1** Alternate Work Plan (AWP) documentation must accompany the WSR when a project is working under the guidelines of an AWP.

5. Vermiculite

- Waste Management requires that all Vermiculite is double bagged in marked bags and disposed of as asbestos. If an AWP is being followed, WM must be notified and AWP documentation must be provided. Additional requirements or charges may apply.

Sincerely,

Waste Management of Washington Inc.

David K Lowe

District Manager _____