

Olympic Region Clean Air Agency 2940-B Limited Lane NW Olympia, WA 98502 (360) 539-7610 • FAX (360) 491-6308 Port Angeles Office (360) 417-1466 Raymond Office (360) 942-2137 www.ORCAA.org

## **Demolition Permit**

Demolition and renovation projects within Clallam, Grays Harbor, Jefferson, Mason, Pacific, and Thurston counties REQUIRE A PERMIT and require that the following conditions be met prior to the demolition.

Olympic Region Clean Air Agency (ORCAA) regulations define a demolition project as the wrecking, razing, leveling, dismantling, or burning (by a fire department for training purposes) of a structure, making the structure permanently uninhabitable or unusable. Renovations include the removing of load bearing structural members, but not to the extent to make the structure uninhabitable.

The following information is merely a reference guide and not a substitute for agency regulations.

- 1. A good faith asbestos survey must be conducted by a certified Asbestos Hazardous Emergency Response Act (AHERA) building inspector. Qualified contractors and inspectors may be found in your local Yellow Pages, through the Washington State Department of Labor and Industries, or on ORCAA's website.
- 2. Asbestos samples must be sent to a NVLAP Laboratory (National Voluntary Laboratory Accreditation Program) per 40 CFR 763.87. A list of labs can be found on ORCAA's website.
- 3. If lab results show that samples contain 2 percent or less of asbestos, the samples can assumed as ACM, or must be point-counted (per the US EPA Asbestos Building Inspector Manual p. 111, 163).
- 4. The start date on **other structure** demolitions must be at least 10 working days from the submission date of the complete application and payment.
- 5. It is the responsibility of the property owner and/or demolition contractor to ensure there is no asbestos-containing material present in the structure to be demolished.
- 6. Any and all structures on the same parcel of property that are not proposed to be demolished must be identified as such.
- 7. A copy of the asbestos survey and approved Demolition Permit, as well as any subsequent amendments, must be kept on site and be available for review by Agency inspection personnel.
- 8. Use the Completion Notification and Amendment Form to make changes to the original permit.
- 9. The original demolition permit will expire on the Completion Date. To change the completion date, a Completion Notification and Amendment form must be received PRIOR to expiration. If the permit expires and the project is not complete, you must submit and pay for another demolition permit. Under no circumstances will a project be extended beyond 1 year from original start date.
- 10. Upon completion of project, fill out and submit Completion Notification and Amendment form, documenting actual date of completion.

## ADDITIONAL REQUIREMENTS:

In addition to Agency requirements, most building departments require a demolition permit (separate from ORCAA's Demolition Permit). The Washington State Department of Labor & Industries and the local fire authorities may also require notification for asbestos removal projects.

"Owner Occupied Residential Dwelling" means any single family housing unit which is permanently or seasonally occupied by the owner of the unit both prior to and after the proposed project. This term includes houses, mobile homes, trailers, houseboats, and houses with 'mother-in-law apartment' or a 'guest room.' This term does not include structures that are demolished or renovated as part of a commercial or public project; nor does this term include any mixed-use building, structure, or installation that contains a residential unit, or any building that is leased or used as a rental, or for commercial purposes.



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<ul> <li>☐ Owner occupied resi</li> <li>☐ Other Structures –</li> <li>[ ] Emergency Fee \$50</li> </ul>	Permit fee: \$	660.00 - 10  work	king day wait perio	od - Nonr	efundable		
PROPERTY OWNER							
Name:		P	hone: ( )	Em	Email:		
			x: ( ) Mo		obile: ( )		
Mailing Address:			ity: St		re:	Zip:	
Site Address:			ity: Sta		e:	Zip:	
DEMOLITION CONTRA Business Name:	ACTOR [ ] C	neck if same as pro	Phone: ( )	ion.	Email:		
Onsite Contact:			Fax: ( )  Phone: ( )  Fax: ( )		Mobile: ( )		
Mailing Address:			City:		State:	Zip:	
# of structures being demolished: Start Date:  Asbestos present? Yes No Survey attached			d? Yes No	Has a	Completion Date:  Has all identified asbestos been removed?  Yes  No		
DEMOLITION PROJECT  [ ] Complete Demolition  [ ] Training Fire – Fire Agen  [ ] Renovation, Alteration, R  I do hereby certify that all is supplemental data described	cy, Contact, Pl emodeling, Ma	none:intenance, or other	oved and the informa			form and	
Applicant Name	licant Name Signature			Date			
Date Application Received Payment Info.  [ ] Cash  [ ] Check: #  [ ] Credit Card  Receive date://		[ ] Approved [ ] Disapproved  Review date:/  Reviewed by:	I	Asbestos Permit Permit #ASB00 Demolition Permit Permit #DEM00			
Agency Use Only		Use Only	Agency Use Only	)/	Ageno	I Ise Only	

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**ORCAA Demolition Permit** 

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