CITY OF WOODBINE
517 WALKER STREET
WOODBINE, IOWA 51579

PHONE: 712-647-2550
FAX: 712-647-2522
WOODBINEIA.COM

NOTICE OF DEMOLITION / RENO / MOVING PERMIT

MUNICIPAL ZONING CODE - CHAPTER 148

SITE ADDRESS _____ FEE $25.00

TYPE OF BUILDING TO BE DEMOLISHED RENOVATED OR MOVED: APPLICATION DATE: _____

_____ APPROVAL DATE: _____

PROPERTY LEGAL DESCRIPTION: _____

ZONING / BUILDING OFFICIAL REVIEW DATE: _____

DNR NOTICE OF INTENT APPLICATION: _____

APPLICANT: NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER: NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NOTICE: A PERMIT FEE SHALL BE COLLECTED AT THE TIME OF SUBMISSION OF THE PERMIT REQUEST. A DIAGRAM OF THE SITE WITH STRUCTURES TO BE DEMOLISHED IS REQUIRED TO BE ATTACHED TO THIS FORM AND SUBMITTED WITH PAYMENT.

CONTRACTOR INFORMATION FOR ANY USED — NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LICENSE # _____ TYPE (PLUMBING, ELECTRIC ETC) _____

CONTRACTOR INFORMATION FOR ANY USED — NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LICENSE # _____ TYPE (PLUMBING, ELECTRIC ETC) _____

CONTRACTOR INFORMATION FOR ANY USED — NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LICENSE # _____ TYPE (PLUMBING, ELECTRIC ETC) _____

APPROVED: _____

DENIED: _____

BUILDING OFFICIAL SIGNATURE _____

DATE: _____

OPERATOR PROJ. # _____ DATE RECEIVED: _____ NOTIFICATION # _____

TYPE OF NOTIFICATION (ORIGINAL, REVISED, OR CANCELED) _____

OWNER NAME
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

REMOVAL CONTRACTOR
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
LICENSE # _____ TYPE (PLUMBING, ELECTRIC ETC) _____

OTHER OPERATOR IF ANY
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
LICENSE # _____ TYPE (PLUMBING, ELECTRIC ETC) _____

TYPE OF OPERATION (DEMO, ORDERED DEMO, RENOVATION, EMERGENCY RENOVATION) _____

IS THERE ANY ASBESTOS PRESENT? PLEASE ANSWER YES OR NO _____

FACILITY DESCRIPTION
BLDG NAME _____ COUNTY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
BLDG SIZE _____ # FLOORS _____ AGE _____ BLDG USE _____

PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIALS:

APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM (RACM) 2 CAT 1 ACM NOT REMOVED 3 CAT 2 ACM NOT REMOVED	RACM TO BE REMOVED	NON FRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW	
		CAT 1	CAT 2	UNIT	
PIPES				LN FT	LN M
SURFACE AREA				SQ FT	SQ M
VOL RACM OFF FAC. COMP.				CU FT	CU M
SCHEDULED DATES OF ASBESTOS REMOVAL	START DATE:		END DATE:		
SCHEDULED DATES OF DEMO/RENOVATION	START DATE:		END DATE:		

DESCRIPTION OF PLANNED DEMOLITION, MOVING OR RENOVATION WORK AND THE METHODS USED:

_____

DESC. OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSION:

_____

WASTE TRANSPORTER #1
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

WASTE TRANSPORTER #2
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

WASTE DISPOSAL SITE
NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

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

AGENCY: _____

CONTACT: _____ TITLE: _____

DATE OF THE ORDER: _____ DATE TO BEGIN: _____

FOR EMERGENCY RENOVATIONS ONLY: DATE OF EMERGENCY _____

DESCRIPTION OF THE EMERGENCY _____

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.

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. (REQUIRED 1 YEAR AFTER PROMULGATION)

I CERTIFY THAT THE ABOVE INFORMATION ON THIS FORM IS CORRECT.

APPLICANT SIGNATURE: _____ DATE: _____

PAID: (CASH OR CHECK) _____ CHECK # _____ DATE: _____

You can complete this form on your computer. If you use Outlook, clicking the button will open a new email window - simply attach this document and send it to lkoch@woodbineia.com . Otherwise, please print the completed form and return it to the City of Woodbine office.

EMAIL FORM