

## ASBESTOS/DEMOLITION PERMITS

Before obtaining a demolition permit, the structure will have to be tested for asbestos.

If there is asbestos, an Abatement Permit will have to be obtained. The following information will need to be submitted:

- Asbestos test results
- Copy of 10 day state notification
- Name of disposal location where the asbestos will be taken
- Permit application

If there is no asbestos, a Demolition Permit can be obtained. The following information will need to be submitted:

- Asbestos test results
- Copy of 10 day state notification
- Site plan of route trucks will be taking out of town with material to landfill
- Pictures of front and side of existing structure
- Interior floor plan drawing of existing house- where rooms are located
- Permit application

**\*\*\*\*** *If a permit for asbestos was obtained first, then a **signed manifest** will also need to be supplied with the rest of the information submitted for the Demolition Permit*

**\*\*\*\*** Utilities companies (water, gas, electric) must notify this department that connections are shut off before a Demolition Permit will be issued even after all other information has been submitted.\*\*\*

Water	304-292-8443
Gas	304-581-5860
Electric	304-284-1235

**WEST VIRGINIA**



**NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION**

Date:

Operator Project No:

**OFFICE USE ONLY**

Date Rec'd:	Check No:
Postmark Date:	Paid By:
Notification No:	Amount: \$

<b>Type of Notification:</b> Original <input type="checkbox"/> Revision <input type="checkbox"/> (Highlight Changes)                      Cancellation <input type="checkbox"/>	
<b>Type of Operation:</b> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/>	
<b>Facility Owner:</b> Name: Address: City:    State:    Zip Code: Contact Person:    Phone:	
<b>Facility Description:</b> Name: Address:    City: County:    Location Within Facility: Building Size (Sq. Ft.):    Number of Floors:    Age (Yrs): Present Use:    Prior Use:	
<b>Asbestos Contractor:</b> Name:    Asbestos Contractor License #: Address: City:    State:    Zip Code: Contact Person:    Phone:	
<b>Other Contractor:</b> Name:    Contractor's License #: Address: City:    State:    Zip Code: Contact Person:    Phone:	
<b>Building Inspection:</b> Inspection Date: Asbestos Inspection By:    WV License #: Lab:    Analysis By: Procedure Used to Detect Presence of Asbestos: Is Asbestos Present at 1% or Greater:                      Yes <input type="checkbox"/> No <input type="checkbox"/> Project Designer:    WV License #: Air Monitor:    WV License #:	
<b>Schedule:</b> Asbestos Removal:                      Start Date:                      Completion Date: Demo/Renovation:                      Start Date:                      Completion Date: Project Work Days: M T W T F S S (Ej gen)	

**Emergency Renovation:**

Date &amp; Hour of Sudden Unexpected Event: \_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM PM

Attach a description of the sudden, unexpected event and how this results in an unsafe condition, would cause equipment damage or an unreasonable financial burden.

**Demolition Ordered by Government Agency:**

Agency:

Name:

Date of Order: \_\_\_/\_\_\_/\_\_\_

(Copy of order must be attached.)

Title:

Date Order to Begin: \_\_\_/\_\_\_/\_\_\_

**Types of ACM:**

Asbestos Containing Material To Be Removed:

Cat. I &amp; II Nonfriable ACM Not To Be Removed:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Type(s):

Pipes:	Ln. Ft:	% Asbestos:
Area:	Sq. Ft:	% Asbestos:
Other:	Cu. Ft:	% Asbestos:

Description of planned demolition or renovation work and method(s) to be used:

Description of procedures to be used to comply with NESHAP (40CFR61 Subpart M):

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable ACM becomes crumbled, pulverized, or reduced to powder:

**Waste Transporter:**

Name:

Address:

City:

Contact Person:

ID #:

State:

Phone:

Zip Code:

**Waste Disposal Site:**

Name:

Address:

City:

Contact Person:

ID #:

State:

Phone:

Zip Code:

**Certification:**

I certify that an individual trained in the provisions of 40 CFR 61, Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by the person will be available for inspection during normal business hours. I further certify that the information contained in the notification is correct.

Signature of Owner/Operator: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Name and Title (Print or Type):

**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH  
OFFICE OF ENVIRONMENTAL HEALTH SERVICES  
RADIATION, TOXICS AND INDOOR AIR DIVISION**

**INSTRUCTION SHEET NOTIFICATION OF ABATEMENT, DEMOLITION, OR RENOVATION**

**Please type or print in a legible form**

1. **Date** - Date application is completed
2. **Operator Project Number** - Contractor project job number (optional)
3. **Type of Notification** - original should indicate the project; revision - submit updated notification **highlighting**, change in start, completion, amounts of material, etc.  
**Cancellation** - a notification must be resubmitted
  - fees will not be refunded unless cancellation is submitted and letter attached requesting a refund
4. **Type of Operation** - check appropriate box:  
Demolition list demo contractor in section eight  
emergency renovation is only allowed under certain conditions and a letter of explanation
5. **Facility Owner**
6. **Facility Description** - Name and address (description may vary from owner due to physical location site or unique name)
7. **Asbestos Contractor** (West Virginia Asbestos Licensing required)
8. **Other Contractor** - Contractor conducting demolition
9. **Building Inspection** (West Virginia Asbestos Inspector License required) include date of inspection, name of inspector, license number, name of lab doing analysis, person conducting analysis, procedures used
10. **Project Designer** (West Virginia Asbestos Licensing required)
11. **Air Monitor** (West Virginia Asbestos Licensing required) Third party Clearance Air Monitoring when reoccupancy occurs
  - Project Designer and Air Monitor name and license number can only be used when work is performed on the asbestos project by this individual. Use of names and license numbers of persons who have not actually performed these specific duties is a violation of state law.
12. **Schedule** - reflects start and completion dates of asbestos abatement and demo/renovation dates. Also, include work hours and work days. If dates, hours, or days change in any way you must submit a revision.
13. **Emergency Renovation** - is allowed only under the condition listed. To comply with this provision, a written and signed explanation is required.
14. **Demolition Ordered by Government Agency** - if demolition is ordered this space needs to be filled out completely
15. **Types of ACM** - list types of ACM thermal, surfacing, miscellaneous, amounts to be abated and percentage of asbestos by analysis.
16. **Descriptions of planned procedures** - briefly describe work practices. Include procedures if unexpected ACM is found
17. **Waste Transporter** - include all information
18. **Waste Disposal Site** - include all information
19. **Certification** - certifies that signee complies with state and federal laws and that information provided is true and correct. Also that a trained individual will be on site during the demolition or renovation.
  - Must be an original form signed in **blue** ink and dated.
  - remember to include current license numbers.

**All incomplete notifications (incomplete spaces highlighted) will be sent back to the Contractor. Returned notifications will void original start date. Ten days will start upon post mark date of the corrected notification.**

**NOTE: Payment must be included with the original notification. The ten days will not begin until payment is received. (Refer to Fee Schedule for amount)**

# City of Morgantown Application for Building Permit

<b>Application Date</b> ____/____/____	<b>Type of Work:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Demo <input type="checkbox"/> Deck <input type="checkbox"/> Mechanical <input type="checkbox"/> Grading <input type="checkbox"/> Asbestos <input type="checkbox"/> Remodel or Repair <input type="checkbox"/> Shed <input type="checkbox"/> Other	<b>Is Applicant Owner?</b> (Y/N)
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<b>PROPERTY INFORMATION:</b>		Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Rental/ Commercial <input type="checkbox"/> Industrial
<b>Street Address Where Work is being done:</b>		Zip Code:
Morgantown, WV	Owners First Name:	Last Name:
Owners Address (if different from above address):		Phone:

CONTRACTORS INFORMATION:	Contractors <b>Business Name</b>	<b>City License Number</b>
<b>General Contractor</b>		
<b>Excavation</b>		
<b>Concrete</b>		
<b>Carpentry</b>		
<b>Electrical</b>		
<b>Plumbing</b>		
<b>Sewer</b>		
<b>Mechanical</b>		
<b>Roofing</b>		
<b>Masonry</b>		
<b>Drywall/Lathing</b>		
<b>Demolition</b>		
<b>Other</b>		

**SCOPE OF WORK TO BE DONE:**

**Detailed Description of Work:**

**MUST ATTACH DETAILED SITE PLAN**    YES    NO      **Est. Value of Work \$**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to this permit.

SIGNATURE OF APPLICANT	ADDRESS OF APPLICANT	PHONE
<b>PRINT NAME:</b> _____		

**OFFICE USE ONLY:**

<b>Map/Parcel</b>	<b>Zoning</b>	<b>Ward</b>	<b>Flood Plain</b>

**APPROVALS:**

**Engineering Department Approval Notes:**

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**Signature of person reviewing:** \_\_\_\_\_ **DATE**

**Planning Department Approval Notes:**

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**Signature of person reviewing:** \_\_\_\_\_ **DATE**

**Code Enforcement Approval Notes:**

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**Signature of person reviewing:** \_\_\_\_\_ **DATE**

**VALIDATION:**

<b>Permit Number:</b>	Fee
<b>Other:</b>	Fee
<b>Stop Work Order:</b>	Fee

**Application Accepted and Processed By:** \_\_\_\_\_

**Total Fee**

**Approved By:** \_\_\_\_\_ **DATE**

**Signature of Person Picking Up Building Permit:** \_\_\_\_\_ **DATE**

**Print Name of Person Picking up Permit:** \_\_\_\_\_