

	<p>DEMOLITION OF STRUCTURES</p> <p>CITY OF HIGHLAND BUILDING DIVISION 27215 BASE LINE, HIGHLAND, CA 92346 (909) 864-8732</p>	<p>BULLETIN</p> <p>April 2017</p>
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INSTRUCTIONS AND INFORMATION PERTAINING TO DEMOLITION OF STRUCTURES

1. Submit copies of property title to prove ownership.
2. Provide a hazardous materials survey (Asbestos and lead) for each structure.
 - A. If hazardous materials are present, contract with an approved abatement contractor to remove all materials to an approved landfill or disposal site.
 - B. Provide landfill or disposal site receipts to the Building Department prior to obtaining permits.
 - C. Provide a hazardous material clearance certification from the abatement contractor or industrial hygienist.
3. Submit AQMD notification application a minimum of 10 days prior to start of the demolition work. (Provide copies of the certified mail receipt to the City Building Division).
4. Contact the approved City waste hauler for disposal of the demolition materials. All recyclable materials must be weight and reported. (Submit material amount estimates prior to issuance per Ordinance).
5. Obtain demolition permits from the City.
6. Completely demolish each structure, removing all materials, foundations, slabs, trash and debris.
7. Cap utility connections within 5 feet of the property line.
8. Obligation and responsibility for determining the location of any or all wells, shafts, openings, septic tanks, cesspools, basements, pits or other like hazards lies with the property owner or contractor, All such hazards shall be abated as per the California Plumbing Code or by methods approved by the Building Official. (Septic systems shall be pumped, filled with sand or gravel and the lids crushed).
9. Burying, covering or otherwise discarding of debris on the demolition site is prohibited.
10. In instances regarding excavation and removal of fuel storage tanks, or other excavations involving substantial backfill, a compaction report by an approved agency shall be filed with the Building Department.
11. All Best Management Practices set by NPDES shall be implemented and complied with.
12. When demolition is a consequent of a condemnation or abatement proceeding, the shorter time period of 30-days for the completion of work shall prevail and supersede the 180-day limitation.
13. All dead trees shall be removed and other vegetation shall be trimmed to comply with weed abatement procedures.
14. Other conditions or requirements:

I, the undersigned, owner, owner's agent or contractor of the building(s) to be demolished, have read, understand and agree to complete the above mandatory requirements within the allocated time limitations.

(Signature)

(Date)



PERMIT APPLICATION

CITY OF HIGHLAND BUILDING DIVISION
27215 BASE LINE, HIGHLAND, CA 92346
(909) 864-8732

BULLETIN

January 2020

#1 IDENTIFY YOUR BUILDING PROJECT

SITE ADDRESS _____

TRACT _____ LOT NO. _____ ASSESSORS PARCEL NUMBER _____

OWNER NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF WORK _____

SQUARE FEET _____ TYPE OF CONSTRUCTION _____ VALUATION _____

AGENTS NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NOTARIZED LETTER REQUIRED _____ YES _____ NO _____

CONTRACTOR, ARCHITECT AND ENGINEER INFORMATION

CONTRACTOR _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STATE LICENSE NO. _____ LICENSE TYPE _____ EXPIRE DATE _____

CITY LICENSE NO. _____ WORKMAN COMP INS. CO. _____

POLICY NO. _____ EXP. DATE _____ PHONE _____

ARCHITECT _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STATE LICENSE NO. _____ EXP. DATE _____

ENGINEER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STATE LICENSE NO. _____ EXP. DATE _____

#2 IDENTIFY WHO WILL PERFORM THE WORK (Complete either 2a or 2b)

2a – CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Name and Address: _____

License, Class and No. _____ Contractor Signature _____

2b – OWNER-BUILDER'S DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

I, as owner of the property, or my employees with wages as their sole compensation, will do all of or portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.).

I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.).

I am exempt from licensure under the Contractors' State License Law for the following reason:

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>.

Property Owner or Authorized Agent Signature _____ Date _____

#3 IDENTIFY WORKERS' COMPENSTATION COVERAGE AND LENDING AGENCY

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No. _____

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy No _____ Expiration Date _____

Name of Agent _____ Tel No _____

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and Address _____

#4 DECLARATION BY CONSTRUCTION PERMIT APPLICANT

4A – HAZARDOUS MATERIALS

If the intended occupancy will use chemicals you acknowledge that Health and Safety Code Sections 25502, 25533 and 25534 as well as filling directions were made available to you. I am aware of my responsibilities to implement lead-safe work practices as required by the Health and Safety Code Section 17920.10 and 105256 when conducting renovation, repair or painting work in pre-1978 residences, childcare facilities or schools. I will ensure that any paint disturbed work will be done by or supervised by RRP certified individuals. Failure to follow this rule may result in enforcement action by the EPA.

4B – PERMIT DECLARATION SIGNATURE

By my signature below, I certify to each of the following:

I am a California licensed contractor or the property owner* or authorized to act on the property owner's behalf**.

I have read this construction permit application and the information I have provided is correct.
I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
I authorize representatives of this city to enter the above-identified property for inspection purposes.

California Licensed Contractor, Property Owner* or Authorized Agent**:

Applicant's Signature _____ Date _____

**requires separate verification*

***requires separate authorization*

This permit/plan review expires by time limitation and becomes null and void if the work authorized by the permit is not commenced within 180 days from the date of permit issuance or if the permit is not obtained within 180 days from the date of the plan submittal. This permit expires and becomes null and void if any work authorized by this permit is suspended or abandoned for 180 days or if no progressive work has been verified by the City building inspector for a period of 180 consecutive days.

CALLS FOR INSPECTION

Request for inspection must be made at least one business day in advance of the inspection by telephone at (909) 864-2136 ext. 228

**CITY OF HIGHLAND
BUILDING AND SAFETY**

**Asbestos Declaration form for
Demolition of Building Structure and
General Asbestos Removal**

Please Print

Name of Property Owner: _____

Address of Property: _____

Assessor's Parcel Number: _____

Contractor Name: _____

Address: _____

City: _____ State: _____

License #: _____

I declare the following statement to be true and correct:

____ Notification letter was sent to AQMD or EPA as required by
AB 2791 and H & S Code Section 19827.5.

____ I declare that Notification of Asbestos Removal is not
applicable to addressed project.

(Signature of Demolition Contractor)

(Date)



South Coast Air Quality Management District
 21865 Copley Drive, Diamond Bar, CA 91765-4182
 Phone: (909)396-2336 (www.aqmd.gov)

USPS-Mail Form and Fee To:

SCAQMD
 PO Box 55641
 Los Angeles, CA 90074-5641

All Others-Mail Form and Fee To:

Bank of America Lockbox Services
 Lockbox # 55641
 2706 Media Center Drive
 Los Angeles, CA 90065



Rule 1403 Form Notification of Demolition or Asbestos Removal

¹ Fax these type of Notification Forms to (909)396-3342 and mail the originals within 48 hrs

Project Type	DEMOLITION <input type="checkbox"/>	DEMOLITION (Fire Training) <input type="checkbox"/>	ASBESTOS REMOVAL (Renovation) <input type="checkbox"/>	PLANNED RENO (Annual) <input type="checkbox"/>	¹ PROCEDURE 4 PLAN <input type="checkbox"/>	¹ PROCEDURE 5 PLAN <input type="checkbox"/>	Project Urgency	EMERGENCY <input type="checkbox"/>	ORDERED <input type="checkbox"/>
Notification Type	ORIGINAL <input type="checkbox"/>	¹ CANCELLATION <input type="checkbox"/>	¹ REVISION AMOUNT <input type="checkbox"/>	¹ REVISION DATES <input type="checkbox"/>	¹ REVISION OTHER <input type="checkbox"/>	Explain revision amount and other (includes previously notified)			

Contractor Information: Notifications should be submitted by the contractor performing the project

CSLB License _____	Cal OSHA REG _____	AQMD ID _____	CHECK _____	FEE _____	DATE _____	PROJECT # _____
Company Name _____	List Site Supervisor(s) _____				Phone _____	
Address _____						
City _____	State _____	Zip _____				
Completed by _____	Phone _____					

Site Information: Copies of this notification and the CAC asbestos survey report must be kept at the worksite during this project

Site Name _____

Site Address _____ Cross Street _____

Site City _____ State _____ Zip _____ County _____

Site Owner _____ Contact _____ Phone _____

Owner Address _____ City _____ State _____ Zip _____

Describe Work _____

Describe Work Location (s) _____

Project Start Date _____ Project End Date _____ Project Work Shift Day Swing Night

²BUILDING SIZE in sq ft _____ Number of Floors _____ Building Age (Years) _____ Number of Buildings or Dwelling Units _____

Building Prior/ Present Use SCHOOL HOSPITAL CONDO/APT PUBLIC BLDG. INDUSTRIAL COMMERCIAL OFFICE UNI/COLLEGE HOUSE SHIP OTHER _____

Required Building Information ASBESTOS SURVEY? YES NO ASBESTOS FOUND? YES NO ASBESTOS REMOVED? YES NO BUILDING TO BE DEMOLISHED? YES NO

Asbestos Information: Do not provide this information in demolition notifications, see pg 2

Asbestos Amount to be Removed	FRIABLE _____	CLASS I _____	CLASS II _____	² TOTAL AMOUNT _____	0.00			
In sq ft	ACUSTIC CEILING _____	LINOLEUM _____	INSULATION _____	FIRE PROOFING _____	DUCTING _____	STUCCO _____	MASTIC _____	FLOOR TILES (VAT) _____
Amount of Each Type of Asbestos In sq ft	DRYWALL _____	PLASTER _____	TRANSITE _____	ROOFING _____	OTHER _____	PLEASE DESCRIBE OTHER TYPE OF ASBESTOS: _____		

Asbestos Removal From SURFACES PIPES COMPONENTS

Asbestos Detection Procedures: Check the procedures and analytical methods used to determine the presence of asbestos in the building. See Survey Checklist

SURVEY BULK SAMPLING INSPECTION CAC ASSUMED AS ASBESTOS-PACM PLM PCM TEM

Controls: Check the combination of Rule 1403 procedures used to control asbestos emissions. (Procedure 4 and 5 submit plans for AQMD prior approval)

PROCEDURE NUMBER 1 2 3 4 5

Emergency Asbestos Removal: Check the sudden unexpected event and attach a letter from the person affected by the emergency explaining how this event caused unsafe conditions, equipment damage or unreasonable financial burden. For disturbed/damaged asbestos materials see Procedure 5 Guidelines.

FIRE FLOOD WATER DAMAGE EARTHQUAKE NUISANCE VANDALISM HEALTH/SAFETY FINANCIAL BURDEN EQUIPMENT DAMAGE OTHER

Name of Person Declaring/ Authorizing the Emergency _____ Phone _____ Date of Emergency _____ Hour of Emergency _____

AQMD USE ONLY: SCREENED BY	RECEIVED	POSTMARKED	ENTERED BY	NOTIFICATION #
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²Fees are per Notification and vary according to the ²TOTAL AMOUNT of asbestos removed or the demolition ²BUILDING



South Coast Air Quality Management District
 21865 Copley Drive, Diamond Bar, CA 91765-4182
 Phone: (909)396-2336 (www.aqmd.gov)



Rule 1403 Form Notification of Demolition or Asbestos Removal

USPS-Mail Form and Fee To:

SCAQMD
 PO Box 55641
 Los Angeles, CA 90074-5641

All Others-Mail Form and Fee To:

Bank of America Lockbox Services
 Lockbox # 55641
 2706 Media Center Drive
 Los Angeles, CA 90065

Demolition Information: All asbestos containing materials must be removed *prior* to any demolition activity

Asbestos Removal Company Name _____ Date of Asbestos Removal _____

Check work practices to prevent, suppress and contain dust, and dust controls to be use at the demolition site

SPRAY WATER EXIT GRATES TARP TRUCKS/BINS FENCE SCREENS STONE TRUCK PADS TIRE WASHING SOIL STABILIZERS OTHER _____

Contingency Demolition Plan: Check actions to be followed if unexpected asbestos is found during demolition or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder. Disturbed/Damaged ACM requires a Procedure 5 Plan Approval prior to clean-up (See Procedure 5 Guidelines)

STOP WORK NOTIFY OWNER SECURE STABILIZE POST SIGNS ISOLATE WORK AREA SURVEY CHARACTERIZE WASTE OTHER _____

Ordered Demolition: Attach a copy of the agency order

Agency Name _____ Phone _____ Date of Order _____
 Authorizing Person _____ Title _____ Date Ordered to Begin _____

Waste Information

WASTE TRANSPORTER #1 _____ WASTE STORAGE SITE _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

WASTE TRANSPORTER #2 _____ LANDFILL _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

Contractor Certification: All contractors or owner/operator submitting this notification must sign this form

I certify that an individual trained in the provisions of regulations AQMD Rule 1403 and the Asbestos NESHAP Title 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. I hereby certify that all of the information contained herein and information submitted with this notification is true and correct.

Company Name _____ Title of Owner/Operator _____
 Print Name of Owner/Operator _____ Signature of Owner/Operator _____ Date _____

Notification Fee: No notifications shall be considered received pursuant to Rule 1403, unless it is accompanied by the required payment (Rule 301, Table VI). Please make check payable to "SCAQMD". Fees are per notification and vary according to the **TOTAL AMOUNT** of asbestos removed or the demolition **BUILDING SIZE**. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See Fee Information)

Project Size Fee:	Fee Based on Project Size (sq ft)		Additional Fees	
Additional Fee: _____	1,000 or less _____	\$ 60.85 <input type="checkbox"/>	Special Handling Fee _____	\$ 60.85 <input type="checkbox"/>
Total Fee Due: _____	1,001 to 5,000 _____	\$ 186.07 <input type="checkbox"/>	Revision to Notification _____	\$ 60.85 <input type="checkbox"/>
	5,001 to 10,000 _____	\$ 435.57 <input type="checkbox"/>	Returned Check Fee _____	\$ 25.00 <input type="checkbox"/>
	10,001 to 50,000 _____	\$ 682.99 <input type="checkbox"/>	Planned Renovation _____	\$ 682.99 <input type="checkbox"/>
	50,001 to 100,000 _____	\$ 989.82 <input type="checkbox"/>	Procedure 4 or 5 Plan _____	\$ 682.99 <input type="checkbox"/>
	100,001 or more _____	\$ 1,649.70 <input type="checkbox"/>	Expedited 4 or 5 Plan _____	\$ 341.49 <input type="checkbox"/>

Attention

Keep Three (3) Copies of This Notification Form for your records, to post at the worksite, and to obtain a city demolition permit. See California Health and Safety Code 19827.5 that requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Forms, instructions and Rule 1403 can be obtained from the AQMD website at <http://www.aqmd.gov>. Please mail this signed original notification form, fee, and any attachments to: For USPS: SCAQMD, PO Box 55641, Los Angeles, CA 90074-5641; For ALL OTHER: Bank of America Lockbox Services, Lockbox # 55641, 2706 Media Center Drive, Los Angeles, CA 90065. Mailing saves time, money and reduces traffic and air pollution.

Project # _____



City of Highland
Construction and Demolition

Diversion Program

Public Services Division



To apply for a Construction & Demolition **Self-Haul** or **Contracted services permit** within the City of Highland, or to complete a **Waste Diversion Report**, follow the below link or scan the QR Code:

Para solicitar un permiso de autotransporte o servicios contratados, o para completar un informe de desvío de residuos, siga el enlace a continuación o escanee el código QR:

<https://tinyurl.com/HighlandDiversion>

Or

Scan the QR Code

