



DIVISION OF BUILDING SAFETY

SHANE GERWIG, Building Official

201 South Rosalind Avenue, 1st Floor

Reply To: Post Office Box 2687 ▪ Orlando, Florida 32802-2687

Phone - 407-836-5550

www.ocfl.net/building

Pre-Demolition Form

Requirements for Pre-demolition inspection:

- A copy of the site plan to scale

For Fees please refer to:

<http://www.orangecountyfl.net/Portals/0/resource%20library/Open%20Government/FeeDirectory.pdf>

Note:

After the Pre-demolition inspection, the following documents will be required for a Demolition Permit.

- Completed *Certification of Service Disconnect* form
- Signed and notarized Power of Attorney (if licensed contractor does not appear in person)

Contact Person: _____ Phone #:(____)_____

Site Address: _____

Septic Tank: No Yes If yes, must fill or remove septic tank.

Requested date and time of accessibility to site: _____/_____

Health Department Requirements

(Initials) **Prior to start** of demolition or renovation work contact the Health Department at (407)858-1497 ext. 2282 or ext. 2289 for septic tank filling and removal requirements.

EPD Requirements

(Initials) **Prior to start** of demolition or renovation work contact the Orange County Environmental Protection Division (EPD) at (407)836-1400 for demolition and asbestos removal notification requirements.

For Division of Building Safety Use Only

Date: _____ Receipt Number: _____ Initials: _____



Orange County
Division of Building Safety
Certification of Service Disconnect

Date: ___/___/___

Applicant: [] Contractor [] Home Owner

Contractor/Owner Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupational License: _____
Number Issued by Expiration Date

Building Structure will be: [] Moved [] Demolished

Type of Structure: [] Residential [] Commercial [] Other: _____

Site Address: _____

Legal Description: _____

Owner of Record: _____

Owner Address: _____

The firms and offices listed below shall certify this application to signify notice of the proposed demolition, or the firm's purchase order number to attest that their respective service connections, etc. will be removed or sealed and plugged in a safe manner before any demolition is initiated.

1. Telephone Company:

P.O. No. _____ or
Certification by: _____
Date: _____

4. Cable Company:

P.O. No. _____ or
Certification by: _____
Date: _____

2. Gas Company:

P.O. No. _____ or
Certification by: _____
Date: _____

5. Water Company:

P.O. No. _____ or
Certification by: _____
Date: _____

3. Electric Company:

P.O. No. _____ or
Certification by: _____
Date: _____

6. Other: (LPG Company, etc.)

P.O. No. _____ or
Certification by: _____
Date: _____



ENVIRONMENTAL PROTECTION DIVISION
Lori Cunniff, CEP, CHMM, Deputy Director
Community, Environmental and Development Services Department
800 Mercy Drive, Suite 4
Orlando, FL 32808-7896
407-836-1400 ▪ Fax 407-836-1499
www.ocfl.net

Demolition and Asbestos Renovation Guidance

What Buildings Are Subject:

Essentially all buildings are subject to the Environmental Protection Agency (EPA) Asbestos National Emissions Standards for Hazardous Air Pollutants (NESHAP) Regulations with the exception of some single family residences. Single-family residences that are going to be burned, have been used as a business, or are part of a larger project including other houses or businesses on the same site are subject to the Asbestos NESHAP Regulations. Contact Orange County Environmental Protection Division (EPD) at 407-836-1400 prior to utilizing the Residential Building Exemption.

Requirements:

All subject buildings must be "thoroughly inspected" for the presence of asbestos. This generally requires an asbestos survey by a Florida licensed asbestos consultant.

All subject demolitions (removal of a load bearing structural member) **must submit** an original *Notice of Demolition or Asbestos Renovation* form (see link below). Notices should be submitted to the district or county where the project is located (see the second link below to the state-wide Asbestos NESHAP Contacts). Here in Orange County, notices are to be sent to the Orange County EPD, 800 Mercy Dr., Suite 4, Orlando, Fl., 32808. A *Notice of Demolition or Asbestos Renovation* form is required for a subject demolition even if no asbestos is found in the building. In addition, any regulated asbestos containing material (RACM) found in the building would need to be abated by a Florida licensed asbestos contractor prior to the demolition.

All subject renovations (no load bearing removal) **must submit** a *Notice of Demolition or Asbestos Renovation* form if over 160 square feet or 260 linear feet of RACM are to be abated. Again, notices should be submitted to the district or county where the project is located.

All *Notice of Demolition or Asbestos Renovation* forms must be submitted **at least 10 working days prior to the start of any renovation or demolition activities.**

For your convenience, links are provided below for forms and additional information. For questions or comments, please contact the EPD Air Quality Management section at 407-836-1400.

Links:

<http://www.floridadep.org/air/rules/forms/asbestos.htm> Notice of Demolition or Asbestos Renovation Form

<http://www.dep.state.fl.us/Air/emission/asbestos.htm> Frequently Asked Questions, Frequently Asked Roofing Questions, State Wide Asbestos Contact Map

<http://www.epa.gov/asbestos/> EPA Asbestos Information

<http://ts.nist.gov/Standards/scopes/plmtm.htm> NVLAP Directory of Accredited Laboratories

<http://www.epa.gov/fedrgstr/EPA-AIR/1995/July/Day-28/pr-859.html> Asbestos NESHAP Clarification of Intent for Residential Building Exemption

http://www.access.gpo.gov/nara/cfr/waisidx_01/40cfr61_01.html 40 CFR, Part 61, Subpart M



Florida Department of Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
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NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL, REVISED, CANCELLATION, COURTESY
TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION, RENOVATION
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES, NO
IF RENOVATION: IS IT AN EMERGENCY RENOVATION OPERATION? YES, NO
IS IT A PLANNED RENOVATION OPERATION? YES, NO

I. Facility Name
Address
City State Zip County
Site Consultant Inspecting Site
Building Size (Square Feet) # of Floors Building Age in Years
Prior Use: School/College/University, Residence, Small Business, Other
Present Use: School/College/University, Residence, Small Business, Other

II. Facility Owner
Address
City State Zip

III. Contractor's Name
Address
City State Zip
Is the contractor exempt from licensure under section 469.002(4), F.S.? YES, NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)
Asbestos Removal (mm/dd/yy) Start: Finish: Demo/Renovation (mm/dd/yy) Start: Finish:

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Procedures to be Used (Check All That Apply):

Table with 4 columns: Strip and Removal, Glove Bag, Bulldozer, Wrecking Ball; Wet Method, Dry Method, Explode, Burn Down; OTHER:

VI. Procedures for Unexpected RACM:

VII. Asbestos Waste Transporter: Name Phone
Address
City State Zip

VIII. Waste Disposal Site: Name Class
Address
City State Zip

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*
square feet surfacing material
linear feet pipe
cubic feet of RACM off facility components
square feet cementitious material
square feet resilient flooring
square feet asphalt roofing

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Name:
Address:
City:
State/Zip:

*Identify and describe surfacing material and other materials as applicable:

I certify that the above information is correct and 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.

(Print Name of Owner/Operator) (Date)
(Signature of Owner/Operator) (Date)

Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.