



CITY OF SAN BENITO DEMOLITION APPLICATION AND SUBMITTAL CHECKLIST

PROPERTY INFORMATION: (PLEASE PRINT OR TYPE)

Project Address _____ Zoning Designation _____

Subdivision Name _____ Lot _____ Block _____

Description of Structure _____

(i.e. New one-story frame home, block home, commercial frame, commercial block, etc.)

Total Square Footage of Building to be demolished _____

Is the project within the Historical District? Yes No

If yes, has site demolition plan been submitted to the Historical Review Board for Approval?

Yes No

Historical Review Boards Recommendation submitted. Yes No

OWNER/CONTRACTOR INFORMATION: (Please PRINT or TYPE)

Contractor _____ Phone _____ FAX _____
Address _____

E-mail Address (for project correspondence only): _____

Contact Name _____

Property Owner _____ Phone _____

SUBMITTAL CHECKLIST

Please submit the following items along with the completed application above. The project cannot be reviewed for compliance unless all applicable items have been submitted and are complete.

Complete:

- Application for a demolition permit (see above).
- If structure's prior use was commercial or industrial, an asbestos survey from a licensed environmental company must be submitted.
- Submittal of contractor's demolition site record completed.
- Asbestos report for residential structures required as follows:
 - o When two (2) or more single family residences to be demolished on the same block.
 - o Multifamily buildings more than four (4) dwellings.

Authorized Agent/Owner _____ **DATE** _____

Print Name _____



CITY OF SAN BENITO

CONTRACTORS SITE RECORD

SECTION 1: TYPE OF WORK TO BE COMPLETED:

RENOVATION___ ADDITION___ DEMOLITION___ ASBESTOS ABATEMENT___ REMOVAL___

SECTION 2: PHASED PROJECT

Is this a phased project? Yes ___ No ___ If Yes, How many Phases: _____

Give a brief description of phases to be implemented. If more than three phases, please attach a separate sheet of the work to be completed.

Phase I:

Phase II:

Phase III:

SECTION 3: BUILDING/FACILITY INFORMATION

Residence ___ Commercial ___ Industrial ___

Facility Name (If Commercial or Industrial): _____

Physical Address: _____

County: _____ City: _____ State: _____ Zip: _____

Legal Description: _____ LT: _____ BLK: _____

Building/Facility Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) - _____

Zoning of Area: Residential _____ Commercial _____ Industrial _____

Type of Facility; if Commercial or Industrial (*Select one*)

Public _____ Federal _____ Industrial/Manufacturing _____ NESHAP-Only _____

Public School K-12 _____

Total square footage of building: _____ Age of Building: _____

Number of Floors: _____ Is this building occupied or still in use? Yes ___ No ___

If No, Prior Use: _____

Date: ___/___/___

(Signature of Owner, Operator or Delegated Agent)

(Printed Name & Title)

CITY OF SAN BENITO CONTRACTORS SITE RECORD

SECTION 4: WORK SCHEDULE

Project start date: ____/____/____ and Project end date: ____/____/____
Work days will include: ____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____ Sat. ____ Sun.
Working hours: _____ a.m. p.m. To _____ a.m. p.m.

SECTION 5: SITE COMPLIANCE

Have utilities been disconnected? (**Water** Yes / No) (**Light** Yes / No) (**Gas** Yes / No / Not Applicable)

If work site is equal to or greater than an acre, was Storm Water Management Plan submitted? _____

If work site is equal to or greater than an acre, was Notice Of Intent submitted to T.C.E.Q? _____

If Construction Value is greater than \$50,000, what is the EAB#: _____

On additions, where setbacks verified? _____

If commercial or industrial, was landscaping requirements met to minimum of site? _____

Number of Waste containers to be used: _____ Size of Waste containers to be used: _____

SECTION 6: ASBESTOS PROCEDURES (If Applicable)

If required, Date of Asbestos Survey/NESHAP Inspection: ____/____/____

Is Asbestos Present? Yes ____ No ____ Locations detected Interior ____ Exterior ____

Has a copy of the asbestos survey been included? Yes ____ No ____

1. Description of planned demolition or abatement work, type of material, and method(s) to be used:

2. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition site:

Date: ____/____/____

(Signature of Owner, Operator or Delegated Agent)

(Printed Name & Title)

CITY OF SAN BENITO CONTRACTORS SITE RECORD

SECTION 7: PROJECT INFORMATION

A. CONTRACTOR (Renovation, Addition, Demolition, Abatement)

Contractors Name: _____
Contractor's License #: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (_____) - _____ - _____

B. ASBESTOS ABATEMENT CONTRACTOR (Only if there is asbestos to be removed by Contractor)

Contractor Name: _____
DSHS Asbestos Contractor License #: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone #: (_____) - _____ - _____ Job-Site Phone #: (_____) - _____ - _____

C. ASBESTOS SUPERVISOR & NESHAP (Only if there is asbestos to be removed by Contractor)

DSHS Supervisor License #: _____ Site Supervisor: _____
DSHS Supervisor License #: _____ Site Supervisor: _____
NESHAP Trained Individual: _____ Certification Date: ____/____/____

D. WASTE TRANSPORTER

Waste Transporter Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone #: (_____) - _____ - _____

CERTIFICATION STATEMENT

I hereby declare that I have examined this notification and, to the best of my knowledge and belief, all information provided is complete, true, and correct. I affirm that I am the owner, operator, or delegated agent and that I am responsible for all compliance on site.

(Signature of Owner, Operator or Delegated Agent)

(Printed Name & Title)

Date: _____ / _____ / _____

E-mail Address: _____

Phone #: (_____) _____ - _____

***IMPORTANT INFORMATION**

Your Asbestos/Demolition Notification form must be postmarked no less than ten working days (not calendar days) prior to the start of any asbestos abatement or demolition.

For Assistance call: (512) 834-6747 or (888) 778-9440 (toll free in Texas)