



# 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 \_\_\_\_\_

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## 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)