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MAYOR

VICKIE GAINER  
CITY MANAGER

KEVIN OBOS  
LEGAL COUNSEL



COMMISSIONERS  
BRANDON ALDRIDGE  
PAT PERNO  
JAMIE WARRICK  
JUDY TINDER

## LYNN HAVEN BUILDING DEPARTMENT

# Demo Permit / Utilities Cap Off Inspection

Date \_\_\_\_\_

Address \_\_\_\_\_

Parcel ID # \_\_\_\_\_

Owner Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

### **CALL 811 BEFORE YOU DIG! Please attach copy.**

- A. \_\_\_\_\_ complete application
- B. \_\_\_\_\_ completed 811 DIG ticket
- C. \_\_\_\_\_ payment for permit
- D. \_\_\_\_\_ Water & Sewer Lines properly capped/sealed (see attached page)

Signature \_\_\_\_\_ Date \_\_\_\_\_

We schedule Utilities Department inspection. When we receive the inspection report from the Utilities Department, the Demo permit can be issued.

#### **Utilities Department:**

Water / Sewer Lines Located \_\_\_\_\_

All lines have been properly capped/sealed according to our standards.

Inspected On \_\_\_\_\_

Inspected by \_\_\_\_\_

817 Ohio Avenue • Lynn Haven, FL 32444  
(850) 265-2121 EXT 2135

[www.cityoflynnhaven.com](http://www.cityoflynnhaven.com)

Email: [buildingdepartment@cityoflynnhaven.com](mailto:buildingdepartment@cityoflynnhaven.com)  
[inspections@cityoflynnhaven.com](mailto:inspections@cityoflynnhaven.com)

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LYNN HAVEN BUILDING DEPARTMENT  
**City of Lynn Haven Utility Department**

**Guide and Standards for Abandoning Utility  
Services Water, Reclaimed Water & Sewer**

Domestic (household) Water: The owner/plumber/contractor shall cut and stubbed up 3' high and cap at the service connection on the homeowner's side of the meter box.

Irrigation and Reclaimed Water: The owner/plumber/contractor shall cut and stubbed up 3' high and cap at the service connection on the homeowner's side of meter box.

Sewer: the owner/ plumber/ contractor shall cut and stub up at a 45-degree angle 3' high and cap minimum of ten (10) feet from the foundation.

Septic Tank: Contact Bay County Health Department at 850-872-4660 ext. 1245.

Once the utilities have been capped off, and has passed inspection, DEMO Permit will be issued by the Building Department.

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[inspections@cityoflynnhaven.com](mailto:inspections@cityoflynnhaven.com)



**Florida Department of  
Environmental Protection**  
Division of Air Resource Management

**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** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**III. Contractor's Name** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

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):**

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method*	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER _____			

\*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

**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\***

- RACM**    **ACM**
- \_\_\_\_\_ square feet surfacing material
- \_\_\_\_\_ linear feet pipe
- \_\_\_\_\_ cubic feet of RACM off facility components
- \_\_\_\_\_ square feet cementitious material
- \_\_\_\_\_ square feet resilient flooring

**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.