

# *Charter Township of Garfield*

## *Building Department*

*3848 Veterans Drive*

*Traverse City, MI 49684*

*Telephone (231) 941-1620 FAX (231) 941-1588*

## **DEMOLITION PERMITS**

### **SECTION 3303**

Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the authority having jurisdiction.

Prior to issuance of a demolition permit, the following are required, unless otherwise waived:

- Building Permit Application
- Demolition Permit Application
- Soil and Erosion (if applicable)
- DEQ (for commercial only)
- Well and Septic or DPW (for cut and cap reasons)
- Electrical Service Shut Off Letter
- Gas Service Shut Off Letter

Phone and cable companies should also be notified.

Any demolition of a structure other than a privately owned, privately controlled residence, require a "Notification of Intent to Renovate or Demolish" to be filed with the Asbestos **NESHAP** Coordinator in Lansing, Mi. (See attached form) Questions regarding the Asbestos Notification can be directed to the NESHAP, Asbestos Inspector, 517.284.6777.

Cost of a Demolition permit is: \$55.00

See Chapter 33 of the Michigan State Construction Code 2015 for other requirements, such as Protection of Pedestrians, Protection of Adjoining Property and Requirements for Barriers.

- A "Land Use Permit" not required for demolition
- A demolition permit/building permit is required for each structure

# Make Check Payable to Charter Township of Garfield

## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Administered by:  
**Garfield Township Building Department**  
 3848 Veterans Drive  
 Traverse City MI 49684

### IMPORTANT- APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I, II, III, and IV

<b>I. LOCATION OF BUILDING</b>	AT: _____		
	NUMBER _____	STREET _____	CITY, STATE, ZIP _____
	BETWEEN: _____ AND _____		PARCEL ID # _____
	STREET _____	STREET _____	LOT #: _____
SUBDIVISION _____		LOT SIZE: _____	
IS ANY PORTION OF THE PROPOSED STRUCTURE IN A FLOOD PLAIN?    Yes*    No			
*IF YES, AN ELEVATION CERTIFICATE AND ENGINEERED FOUNDATION DRAWINGS WILL BE REQUIRED			

### II. TYPE AND COST OF BUILDING — ALL APPLICANTS COMPLETE PARTS A - D

<b>A. TYPE OF IMPROVEMENT</b> 1 <input type="checkbox"/> NEW BUILDING* * <input type="checkbox"/> STICK-BUILT ON SITE <input type="checkbox"/> MODULAR (# OF SECTIONS _____) <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> NEW <input type="checkbox"/> USED DIMENSIONS _____ X _____ 2 <input type="checkbox"/> ADDITION 3 <input type="checkbox"/> ALTERATION OR BUILD-OUT OF EXISTING 4 <input type="checkbox"/> REPAIR/REPLACEMENT 5 <input type="checkbox"/> DEMOLITION (# OF UNITS _____) ARE ALL UTILITIES DISCONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO 6 <input type="checkbox"/> MOVING OR RELOCATION 7 <input type="checkbox"/> FOUNDATION ONLY	<b>B. PROPOSED USE (FOR DEMOLITION, CHECK MOST RECENT USE OF STRUCTURE)</b> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>RESIDENTIAL</b>                      12 <input type="checkbox"/> ONE FAMILY                      13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____)                      14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____)                      15 <input type="checkbox"/> GARAGE                      16 <input type="checkbox"/> CARPORT                      17 <input type="checkbox"/> SWIMMING POOL  <input type="checkbox"/> IN GROUND    <input type="checkbox"/> ABOVE GROUND                      18 <input type="checkbox"/> SOLAR PANELS  <input type="checkbox"/> GROUND MOUNT    <input type="checkbox"/> ROOF MOUNT                      19 <input type="checkbox"/> OTHER — SPECIFY _____                      _____                      _____                 </td> <td style="width: 33%; vertical-align: top;"> <b>NONRESIDENTIAL</b>                      20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL                      21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE                      22 <input type="checkbox"/> INDUSTRIAL                      23 <input type="checkbox"/> PARKING GARAGE                      24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE                      25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL                      26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL                      27 <input type="checkbox"/> PUBLIC UTILITY                      28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL                      29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE                      30 <input type="checkbox"/> TANKS, TOWERS                      31 <input type="checkbox"/> OTHER — SPECIFY _____                      _____                      _____                      _____                 </td> </tr> </table>	<b>RESIDENTIAL</b> 12 <input type="checkbox"/> ONE FAMILY 13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____) 14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____) 15 <input type="checkbox"/> GARAGE 16 <input type="checkbox"/> CARPORT 17 <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND 18 <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> GROUND MOUNT <input type="checkbox"/> ROOF MOUNT 19 <input type="checkbox"/> OTHER — SPECIFY _____ _____ _____	<b>NONRESIDENTIAL</b> 20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL 21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE 22 <input type="checkbox"/> INDUSTRIAL 23 <input type="checkbox"/> PARKING GARAGE 24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE 25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL 26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL 27 <input type="checkbox"/> PUBLIC UTILITY 28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL 29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE 30 <input type="checkbox"/> TANKS, TOWERS 31 <input type="checkbox"/> OTHER — SPECIFY _____ _____ _____ _____
<b>RESIDENTIAL</b> 12 <input type="checkbox"/> ONE FAMILY 13 <input type="checkbox"/> TWO OR MORE FAMILY (# OF UNITS _____) 14 <input type="checkbox"/> HOTEL, MOTEL, DORMITORY (# OF UNITS _____) 15 <input type="checkbox"/> GARAGE 16 <input type="checkbox"/> CARPORT 17 <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> IN GROUND <input type="checkbox"/> ABOVE GROUND 18 <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> GROUND MOUNT <input type="checkbox"/> ROOF MOUNT 19 <input type="checkbox"/> OTHER — SPECIFY _____ _____ _____	<b>NONRESIDENTIAL</b> 20 <input type="checkbox"/> AMUSEMENT, RECREATIONAL 21 <input type="checkbox"/> CHURCH, OTHER RELIGIOUS USE 22 <input type="checkbox"/> INDUSTRIAL 23 <input type="checkbox"/> PARKING GARAGE 24 <input type="checkbox"/> SERVICE STATION, REPAIR GARAGE 25 <input type="checkbox"/> HOSPITAL, INSTITUTIONAL 26 <input type="checkbox"/> OFFICE, BANK, PROFESSIONAL 27 <input type="checkbox"/> PUBLIC UTILITY 28 <input type="checkbox"/> SCHOOL, LIBRARY OR OTHER EDUCATIONAL 29 <input type="checkbox"/> STORES, RETAIL, MERCANTILE 30 <input type="checkbox"/> TANKS, TOWERS 31 <input type="checkbox"/> OTHER — SPECIFY _____ _____ _____ _____		
<b>C. OWNERSHIP</b> 8 <input type="checkbox"/> PRIVATE (AN INDIVIDUAL, CORPORATION, NON-PROFIT INSTITUTION, ETC.) 9 <input type="checkbox"/> PUBLIC (FEDERAL, STATE OR LOCAL GOVERNMENT)			

<b>D. COST</b> 10. <b>BASE</b> COST OF IMPROVEMENT A. ELECTRICAL _____ B. PLUMBING _____ C. HEATING, A/C _____ D. OTHER (ELEVATOR, ETC) _____ 11. <b>TOTAL</b> COST OF IMPROVEMENT \$ _____	(OMIT CENTS) \$ _____ _____ _____ _____ _____	NON-RESIDENTIAL — DESCRIBE IN DETAIL PROPOSED USE OF BUILDINGS, E.G., FOOD PROCESSING PLANT, MACHINE SHOP, LAUNDRY BUILDING AT HOSPITAL, ELEMENTARY SCHOOL, SECONDARY SCHOOL, COLLEGE, PAROCHIAL SCHOOL, PARKING GARAGE, RENTAL OFFICE BUILDING, OFFICE BUILDING AT INDUSTRIAL PLANT. IF USE OF EXISTING BUILDING IS BEING CHANGED, ENTER PROPOSED USE. _____ _____ _____
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### III. SELECTED CHARACTERISTICS OF BUILDING — FOR NEW BUILDINGS AND ADDITIONS, COMPLETE PARTS E - L FOR DEMOLITION, COMPLETE ONLY PART J, FOR ALL OTHERS SKIP TO IV

<b>E. PRINCIPAL TYPE OF FRAME</b> 32 <input type="checkbox"/> MASONRY (WALL BEARING) 33 <input type="checkbox"/> WOOD FRAME 34 <input type="checkbox"/> STRUCTURAL STEEL 35 <input type="checkbox"/> REINFORCED CONCRETE 36 <input type="checkbox"/> OTHER — SPECIFY _____ _____	<b>G. TYPE OF SEWAGE DISPOSAL</b> 42 <input type="checkbox"/> PUBLIC/MUNICIPAL 43 <input type="checkbox"/> PRIVATE (ON-LOTS SYSTEM) <b>H. TYPE OF WATER SUPPLY</b> 44 <input type="checkbox"/> PUBLIC / MUNICIPAL 45 <input type="checkbox"/> PRIVATE (WELL, CISTERN) _____	<b>J. DIMENSIONS</b> 50. NUMBER OF STORIES _____ 51. TOTAL SQUARE FEET OF FLOOR AREA, ALL FLOORS, BASED ON EXTERIOR DIMENSIONS _____ 52. TOTAL LAND AREA, SQ. FT. _____ <b>K. NUMBER OF OFF-STREET PARKING SPACES</b> 53. ENCLOSED (GARAGE) _____ 54. OUTDOORS _____ <b>L. RESIDENTIAL BUILDINGS ONLY</b> 55. NUMBER OF BEDROOMS _____ 56. NUMBER OF FULL _____ BATHROOMS PARTIAL _____
<b>F. PRINCIPAL TYPE OF HEATING FUEL</b> 37 <input type="checkbox"/> NATURAL GAS 38 <input type="checkbox"/> OIL 39 <input type="checkbox"/> ELECTRICITY 40 <input type="checkbox"/> GEOTHERMAL 41 <input type="checkbox"/> OTHER — SPECIFY _____ _____	<b>I. TYPE OF MECHANICAL</b> WILL THERE BE CENTRAL AIR CONDITIONING? 46 YES    47 NO <input type="checkbox"/> <input type="checkbox"/> WILL THERE BE AN ELEVATOR? 48 YES    49 NO <input type="checkbox"/> <input type="checkbox"/>	

<b>1. OWNER OR LESSEE</b>	Name		TELEPHONE	EMAIL	
	Address		City	State	Zip
<b>2. CONTRACTOR</b>	Name		TELEPHONE	EMAIL	
	Address		City	State	Zip
BUILDER LICENSE NO.	EXPIRATION DATE	FEDERAL EMPLOYER ID #.	WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION:	MESC EMPLOYER NO:	
<b>3. Architect or Engineer</b>	Name		TELEPHONE	EMAIL	
	Address		City	State	Zip
<b>4. Applicant</b>	Name		TELEPHONE	EMAIL	
	Address		City		
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.					
SIGNATURE OF APPLICANT			Application Date		

*Section 23a of the State Construction Code Act of 1972, Act 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or residential structure. Violators of Section 23a are subject to civil fines.*

**DO NOT WRITE BELOW THIS  
LINE**

VI. ADDITIONAL PERMITS OR APPROVALS REQUIRED							
	REQUIRED Y/N	DATE	PERMIT #/ NOTES		REQUIRED Y/N	DATE	PERMIT #/ NOTES
ZONING OR TWP APPROVAL				Septic/Well			
Water/Sewer				Energy			
SOIL Erosion				Other:			
DRIVEWAY				Fire Dept			

VII. VALIDATION			
Building Permit Number		Use Group _____	
Date Issued		Type of Construction _____	
Permit Fee	**Miscellaneous Fee	TOTAL FEE	
\$ _____	+ \$ _____	= _____	
		Approved By	
		Title	
**			



# Charter Township of Garfield

## Grand Traverse County

3848 VETERANS DRIVE  
TRAVERSE CITY, MICHIGAN 49684  
PH: (231) 941-1620 • FAX: (231) 941-1588

### APPLICATION FOR DEMOLITION

#### 1) Owner / Information

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Numbers \_\_\_\_\_

#### Applicant /Contractor Information

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Numbers \_\_\_\_\_

#### 2) Property Information

Property Address: \_\_\_\_\_

Parcel ID #: 28-05- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of structure (please provide dimensions): \_\_\_\_\_

#### 3) Request to Demolish or Remove

Manufactured (Mobile) Home:

Commercial Building:

Duplex:

Multi-Family:

Accessory Structure:

Single Family Home:

Industrial Building:

Other:  \_\_\_\_\_

#### 4) Utility Shut Off

Prior to the issuance of a Demolition Permit, a Notice of Shut Off shall be provided to the Township for all applicable utilities: **Please provide dates of shut off below and attached copies of the same..**

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Health Department (Well and Septic): \_\_\_\_\_

DPW (water & Sewer): \_\_\_\_\_

----- Application continued on the other side -----

5) Affidavit:

The undersigned affirms that he/she or they is (are) the owner, or authorized agent of the owner, involved in the application and that the answers and statements herein contained and the information submitted are in all respects true and correct.

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants / Contractor signature

\_\_\_\_\_  
Date

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
(MDEQ) AIR QUALITY DIVISION  
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,  
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

### DEQ/LARA USE ONLY

Postmark Date \_\_\_/\_\_\_/\_\_\_ Rec'd Date \_\_\_/\_\_\_/\_\_\_  
 Emergency Date \_\_\_/\_\_\_/\_\_\_ Valid No. \_\_\_\_\_  
 OK  Send Def Ltr. Date of Def Ltr. \_\_\_/\_\_\_/\_\_\_  
 FOLLOW UP \_\_\_/\_\_\_/\_\_\_ Spoke w/ \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Notification No. \_\_\_\_\_ Trans No. \_\_\_\_\_

### Calculate LARA Asbestos Project Fee: (1% Project Fee)

Total Project Cost: \_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 Type of Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

### 1. NOTIFICATION:

Date of Notification: \_\_\_\_\_  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type:  Original  Revised  Canceled  Annual

#### Mark appropriate boxes: (both DEQ and LARA may apply):

#### DEQ (NESHAP) [260 In. ft./160 sq. ft. or more is threshold]

- Planned Renovation – 10 **working** days notice
- Emergency Renovation
- Scheduled Demolition – 10 **working** days notice
- Intentional Burn – 10 **working** days notice
- Ordered Demolition

#### LARA (MIOSHA) [Will not accept annual notifications]

- Demo, Reno, Encap. (>10 In. ft./15 sq. ft.) 10 **calendar** days notice
- Emergency Renovation/Encapsulation

### 2. PROJECT SCHEDULE:

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	_____	_____
+Demolition:	_____	_____
Encapsulation:	_____	_____

**Work Schedule:** Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	_____	_____
Demolition:	_____	_____
Encapsulation:	_____	_____

\* Includes setup, build enclosure, asbestos removal, demobilizing, etc.  
 +Include **only** those dates you are conducting asbestos removal/demo.

Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

### 3. ABATEMENT CONTRACTOR: Internal Project #: \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 4. DEMOLITION CONTRACTOR: Internal Project #: \_\_\_\_\_

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 5. FACILITY OWNER: ("Facility" includes Bridges)

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 6. FACILITY DESCRIPTION:

Facility Name: \_\_\_\_\_  
 Location Address/Description: \_\_\_\_\_  
 \_\_\_\_\_ If Apt. # of units: \_\_\_\_\_  
 City/Twp. \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_ Nearest Crossroad: \_\_\_\_\_  
 Size: (sq. ft.) \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Floor No.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_  
 Specific Location(s) in Facility: \_\_\_\_\_

### 7. DISPOSAL SITE:

Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

### 8. WASTE TRANSPORTER 1:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### WASTE TRANSPORTER 2:

### 9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.

Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

### 10. IS ASBESTOS PRESENT?

- Yes  No  To be removed prior to demolition

**Estimate the amount of asbestos:** Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (NOTE: In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <b>not</b> removed prior to demo.		Units of Measure	
		Category I	Category II	<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
_____	_____	_____	_____	<input type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
_____	_____	_____	_____	<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu. M.*

\*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

(continued on reverse side)

**NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)**

**11. PROJECT DESCRIPTION:** Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition**:

**A) RENOVATION:** Mark all surfaces/types of RACM to be removed:

- Piping     Fittings     Boiler(s)     Tanks(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Mag Block     Other (describe) \_\_\_\_\_

**Encapsulation (for LARA):** Mark surfaces/types to be encapsulated:

- Piping     Fittings     Boiler(s)     Tank(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Other (describe) \_\_\_\_\_

**Method of removal:** Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B) DEMOLITION:** Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: \_\_\_\_\_  
 \_\_\_\_\_

**12. ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: \_\_\_\_\_  
 \_\_\_\_\_

**13. UNEXPECTED ASBESTOS:** Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: \_\_\_\_\_  
 \_\_\_\_\_

**14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** **A)** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): \_\_\_\_\_  
 \_\_\_\_\_

**B)** Name, address, and phone number of company performing asbestos survey: \_\_\_\_\_

**C)** Name, accreditation number of inspector, and date of inspection: \_\_\_\_\_

**15. EMERGENCY RENOVATIONS:** Date/time of emergency: \_\_\_\_\_ Describe the sudden, unexpected event: \_\_\_\_\_  
 \_\_\_\_\_

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_  
 \_\_\_\_\_

**16.** I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

\_\_\_\_\_  
*Signature of Owner or Abatement Contractor*      *Date*

\_\_\_\_\_  
*Signature of Owner or Demolition Contractor*      *Date*

**17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)**  
 Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

\_\_\_\_\_  
*Signature of Building Owner or Lessee*      *Date*

\_\_\_\_\_  
*Signature of Asbestos Abatement Contractor Representative*      *Date*

**NOTE:** It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

**18. I certify that the above information is correct:**

\_\_\_\_\_  
*Printed Name of Owner/Operator*      *Date*

\_\_\_\_\_  
*Signature of Owner/Operator*      *Date*

**MAILING ADDRESSES/PHONE NUMBERS:** (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For **Public Act 135 of 1986, as amended, Section 220 (1-4) or (8)**, mail to address below. For more info visit:  
<http://www.michigan.gov/asbestos>

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M**, please use the e-submittal process. For more information visit  
<http://www.michigan.gov/air>, under Air Links click on Asbestos NESHAP Program.

MIOSHA Asbestos Program  
 LARA, CSHD  
 P.O. Box 30671  
 Lansing, MI 48909-8171

NESHAP Asbestos Program  
 DEQ, AQD  
 P.O. Box 30260  
 Lansing, MI 48909-7760

517.636.4551 (office), 517.322.1713 (fax)

517.284.6777 (Office)



# GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH WELL & SEPTIC STATUS FORM - \$25

DEMOLITION    REMODEL    ADDITION    HOME REPLACEMENT    \_\_\_\_\_

Property Address:

Property Tax ID:

Township:

Owner Name:

Owner Phone:

Owner Address:

Contractor's Name:

Contractor Phone:

Contractor's Address:

Please include a brief summary of the proposed changes to the property. For residential, please include current bedrooms, proposed bedrooms and whether or not the property has/will have a garbage disposal. For commercial, please state number of bathrooms, employees, and max customers/day.

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\_\_\_\_\_  
Signature of Owner/Contractor

\_\_\_\_\_  
Date



# Grand Traverse County Environmental Health WELL & SEPTIC STATUS FORM

(TO BE COMPLETED BY SANITARIAN)

- EXISTING PERMIT AVAILABLE PERMIT # \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_
- EXISTING PERMIT NOT AVAILABLE

- Well shall be properly plugged according to Part 127 of Act 368, P.A. 1978, as amended. Abandoned well plugging record shall be submitted to the Health Department. A new well may be required.
- Septic tank(s) and any other tank(s) associated with the wastewater system shall be pumped by a licensed septage hauler, crushed, and filled or removed. A new wastewater system may be required.
- Existing well meets current well construction code requirements and is approved for use as an:
  - Private Residential Well
  - Irrigation Well
  - Public Well

circle type: TYPE II      TYPE III
- Existing septic system meets current design requirements for proposed use and meets all isolation requirements. Tank(s) Size(s): \_\_\_\_\_ Drained: \_\_\_\_\_  
Existing septic system will serve:
  - Residential home with \_\_\_\_\_ bedrooms Garbage Disposal: YES NO
  - Commercial facility with design daily flow of \_\_\_\_\_ gal/day
  - Other use with design daily flow of \_\_\_\_\_ gal/day
- Existing septic system does not meet current design requirements, but is considered "grandfathered" for proposed use.

Comments:

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\_\_\_\_\_  
Signature of Health Department Representative

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Receipt Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Initials: \_\_\_\_\_