



DEMOLITION PERMIT  
CITY OF CAMANCHE IOWA

APPROVED: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee: \$ \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

REMOVAL CONTRACTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY; \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ASBESTOS PRESENT: YES [ ] NO [ ]

TYPE OF BUILDING FOR DEMOLITION: \_\_\_\_\_

BUILDING SIZE: \_\_\_\_\_

PROCEDURE USED TO DETECT THE PRESENCE OF ASBESTOS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS TO BE REMOVED : \_\_\_\_\_

\_\_\_\_\_

SCHEDULED DATES OF REMOVAL: START \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHEDULED DATES OF DEMOLITION: START \_\_\_\_/\_\_\_\_/\_\_\_\_ FINISH \_\_\_\_/\_\_\_\_/\_\_\_\_

DESCRIPTION OF WORK PRACTICE AND ENGINEERING CONTROLS TO BE USED TO PREVENT THE

EMISSION OF ASBESTOS AT THE DEMOLITION SITE: \_\_\_\_\_

\_\_\_\_\_

WASTE TRANSPORTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_



WASTE DISPOSAL SITE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW.

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

AUTHORITY \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF ORDER: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE ORDER IS TO BEGIN: \_\_\_\_/\_\_\_\_/\_\_\_\_

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION AND EVIDENCE THAT THE REQUIRED TRAINING HAS ACCOMPLISHED BY THIS PERSON AND WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

SIGNATURE OF OWNER \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE OF OWNER: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_