

DEMOLITION PERMIT

City of Mt. Carmel
219 N. Market St.
Mt. Carmel, IL 62863

COMMERCIAL / PUBLIC BUILDINGS

Form B

Facility Description (Building Name)				
Address				Zoning
Legal Description				
PIN - - - - -				
Bldg Size	# Flrs.	Age (approx)	Present Use	Prior Use
Owners Name		Address		
City	State	Zip	Phone #	

DEMOLITION CONTRACTOR

Name	Address			
City	State	Zip	Phone #	

ASBESTOS INSPECTION – REMOVAL

Inspectors Name		Address			
City	State	Zip	Ph #	License #	Issue State
Asbestos Present					
Yes	No				
Regulated Asbestos Containing Material To Be Removed (RACM)		Nonfriable Asbestos <u>NOT</u> To Be Removed (Demolition)		Nonfriable Asbestos To Be Removed	
		Category I	Category II	Category I	Category II
Pipes (Ln. Ft.)					
Surface Area (Sq.Ft.)					
Volume (Cu. Ft.)					

Asbestos Removal Contractor		Address				
City	State	Zip	Ph #	License #	Issue State	
Contact Person		Phone #		Cell Phone #		
Waste Transporter		Address				
City	State	Zip	Ph. #			
Contact Person		Phone #		Cell Phone #		
Waste Disposal Site		Address				
City	State	Zip	Ph. #	Landfill Permit #		
PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS						
NAME OF ANALYTICAL TESTING LABORATORY						
DESCRIPTION OF PLANNED DEMOLITION & METHODS TO BE EMPLOYED						
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE DEMOLITION SITE.						
DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.						
<p>I, THE UNDERSIGNED HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT FURTHER; I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON-SITE DURING THE DEMOLITION, HAVING IN HIS/HER POSSESSION, FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.</p>						

					Signature of Owner/Operator	Date