



## DEMOLITION APPLICATION

PERMIT NO. \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE & ZIP: \_\_\_\_\_

DEMOLITION CONTRACTOR: \_\_\_\_\_ STATE LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DEMOLITION FEES (PER BUILDING/STRUCTURE):**

**(SEE BACK FOR REQUIRED ITEMS BEFORE APPLICATION CAN BE APPROVED)**

	Commercial Interior Demo (plans, inspection and Asbestos report required)	\$20.00
	Commercial Building	\$60.00
	Two Family or more residential	\$60.00
	Single Family Home	\$30.00
	Detached Garage or Accessory Building	\$30.00
	Interior Residential or Commercial Fire Damage	\$20.00

**\*\* Is there a structural member being taken down? [ ] YES [ ] NO**

**ACKNOWLEDGEMENT OF RESPONSIBILITY**

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name, and I am the party with whom the City should communicate regarding any matter pertaining to this application.

The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until all application requirements have been met, including the payment of any applicable fees, deposits, and/or bonds.

This permit becomes null and void if work has not commenced within the allowed time period listed on the "10-day Notification of Demolition" unless approval has been granted by Department of Environmental Quality / Division of Air Quality and supplemental documentation has been provided to the authorizing jurisdiction. All provision of laws and ordinances governing Demolition work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State, Federal or Local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

SIGNATURE OF APPLICANT: \_\_\_\_\_

NAME OF APPLICANT (PRINTED): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

-----**FOR CITY USE ONLY**-----

Fee Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**ALL OF THE FOLLOWING ITEMS ARE REQUIRED FOR A DEMOLITION PERMIT TO BE ISSUED:**

- \_\_\_\_\_ 1. **ASBESTOS REMOVAL REPORT:** A report must be submitted from a state approved asbestos removal company. The report must state: If there is asbestos how is it to be removed or there is no asbestos in the structure.

You can obtain a list of the "Pre-demolition Inspectors" by going to:

[www.slcohealth.org/programs/waterQualHazWaste/solidHazWaste/preDemolitionAsbestos/index](http://www.slcohealth.org/programs/waterQualHazWaste/solidHazWaste/preDemolitionAsbestos/index)

- \_\_\_\_\_ 2. **SALT LAKE COUNTY HEALTH DEPARTMENT:** A "Pre-demolition Building Inspection Report" must be submitted from Salt Lake County Health Department. The form must have an approved signature and a 'red' check box.

Contact John Hoggan, Water Quality & Hazardous Waste Bureau at [healthwater@slco.org](mailto:healthwater@slco.org) or 385-468-3862

2.35 "Demolition Project" As defined by Salt Lake County Health Department:

*Shall mean the wrecking, salvage, or removal of any load-supporting structural member of a regulated facility together with any related handling operations, or the intentional burning of any regulated facility. This includes the moving of an entire building, but excludes the moving of structures, vehicles, or equipment with permanently attached axles, such as trailers, motor homes, and mobile homes that are specifically designed to be moved. The wrecking, salvage, or removal of structural members not addressed above will be considered renovation. Renovations are not regulated by the Department in this Regulation.*

*"Demolition" shall include the wrecking, salvage, or removal of load-supporting structural members or the intentional burning of any structure in Salt Lake County.*

- \_\_\_\_\_ 3. **AIR QUALITY:** A "10-day Notification of Demolition" form must be submitted from Utah Division of Air Quality. The dates of demolition timeframe must be valid dates. Permits will not be issued if the ending date is past.

Contact Utah State Air Quality at 801-536-4000 or [www.asbestos.utah.gov](http://www.asbestos.utah.gov)

- \_\_\_\_\_ 4. **UTILITY SIGN OFF:** All utilities must be turned off and disconnected prior to application. The below signatures are required.

Contact SSL for inspection at 801-483-6032

**(The applicant is responsible for arrangements to disconnect any utility service)**

Gas: \_\_\_\_\_ Electricity: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer: \_\_\_\_\_

Traffic Plan Required [ ] Yes [ ] No

- \_\_\_\_\_ 5. **COMPLETE DEMOLITION APPLICATION:** Bring this application along with the original forms of the: 1) Asbestos Removal Report 2) Pre-demolition Building Inspection Form 3) 10 Day Notification of Demolition Form and 4) Traffic Plan (if required) to South Salt Lake Community Development.

- \_\_\_\_\_ 6. **AFTER DEMOLITION:** After demolition has taken place and the property is cleaned and level, call for inspection of the property at 801-483-6032 to sign off and close the permit.

**\*\* PERMITS MUST BE POSTED ONSITE DURING ALL DEMOLITION \*\***

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Final Inspection Date: \_\_\_\_\_

Staff Approval: \_\_\_\_\_

## ROPERTY OWNER'S AFFIDAVIT

I/we \_\_\_\_\_, being duly sworn, depose and say that I/we am/are the current owner of the property involved in this application: that I/we have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah  
My commission expires: \_\_\_\_\_

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## AGENT AUTHORIZATION

I/we, \_\_\_\_\_, the owner(s) of the real property located at \_\_\_\_\_, South Salt Lake City, Utah, do hereby appoint \_\_\_\_\_ as my/our agent to represent me/us with regard to this application affecting the above described real property located in the city of South Salt Lake, and authorize \_\_\_\_\_ to appear on my/our behalf before any City Board or Commission considering this application.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared before me \_\_\_\_\_ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah

My Commission expires: \_\_\_\_\_