



Department of Development Services

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7 County Center Drive
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buttecounty.net/dds

BUILDING PERMIT APPLICATION REQUIREMENTS FOR DEMOLITIONS

Note: A building permit must be obtained for the demolition of any building or a portion thereof. This requirement includes mobile/manufactured/modular homes on a permanent foundation, single-family dwellings, garages, storage units and commercial buildings.

- 1) Completed Butte County Department of Development Services building permit application. Please furnish the assessor's parcel number for the project.
- 2) Completed Demolition Permit Asbestos Notification Statement if required. Applicants must sign this form indicating whether or not written asbestos notification to the State is required for their demolition.
 - A. Please review the attached *Asbestos FAQ's* to determine if an "Asbestos NESHAP Notification of Demolition and Renovation Form" must be filed prior to your demolition.
 - B. If an Asbestos Notification Form is required for your project, a copy of the completed form must be attached to the Demolition Permit Asbestos Notification Statement and submitted along with your building permit application.

PLEASE NOTE: Payment is required when you apply for a building permit. We take payment in the form of credit card, cash, check or money order.

***When filed, this application and all supporting material becomes subject to the California Public Records Act. All public information related to this application is subject to public inspection and will be posted on the County's website for electronic access.**



Butte County Department of Development Services

PERMIT CENTER

7 County Center Drive, Oroville, CA 95965

Main Phone 530.538.7601 Fax 530.538.7785

www.buttecounty.net/dds

PLEASE PRINT CLEARLY

PERMIT NO:	FORM NO
	DBP-1
BIN NO:	

PROPERTY OWNER INFORMATION		
Last Name	First Name	
Mailing Address		
City	State	Zip
Phone	Fax	
Email	Cell	

CONTRACTOR		
Name		
Mailing Address		
City	State	Zip
Phone	Fax	
Email	Cell	
License No.	Class	

ARCHITECT/ENGINEER		
Name		
Mailing Address		
City	State	Zip
Phone	Fax	
Email	Cell	
CA State License No.		

APPLICANT		
Last Name	First Name	
Mailing Address		
City	State	Zip
Phone	Fax	
Email	Cell	

APPLICANT SIGNATURE AND DATE	
	Date:
Print Name:	

PROJECT LOCATION
APN
Property Address
City Location must not be in the city limits of Chico, Gridley, Oroville or Paradise.
http://gismaps.buttecounty.net/flexviewer/bcdatasearch/index.html

WORKER'S COMPENSATION
Policy Number
Carrier
If hiring other than a licensed contractor, a certificate of worker's compensation must be shown at the time of permit issuance

LENDING AGENCY		
Name		
Mailing Address		
City	State	Zip

DESCRIPTION OR SCOPE OF WORK
Mobile Home permits (other than installation, foundation, utilities & non-attached structures) are issued by the State. Tell staff if this permit is for a Mobile Home. Click below to see Manufactured Home Alterations and Permit Guidelines at: http://www.hcd.ca.gov/codes/mhp/HCD Phone: (916) 255-2501
Is this a Manufactured/Mobile Home (circle one) Yes / No

JOB VALUATION: (Enter value of labor, including non-contracted, plus materials charge) \$
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Square Feet Detail	
Living Area:	Garage:
Open Area:	Covered Area:
<input type="checkbox"/> Structure Built without permits	TOTAL SQ:
<input type="checkbox"/> Proposed Change of Occupancy/Use - Note previous/current use below:	

FOR OFFICE USE ONLY			
Zoning:	Flood Zone:		
SRA: YES <input type="checkbox"/> NO <input type="checkbox"/>	NPDES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Code Enf: YES <input type="checkbox"/> NO <input type="checkbox"/>	Legal Lot:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Occupancy	Type Construction		

Permit Tech:	Date:
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APN:

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FORM NO
DBP-46

IMPORTANT INFORMATION FROM THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

NEW REGULATION ON LEAD

Effective October 1, 2010: The new rule requires that contractors and maintenance professional's working on pre-1978 housing, child care facilities, and schools with lead-based paint be certified; that their employees be trained and that they follow protective work practice standards. The rule applies to renovation, repair, or painting activities affecting more than six (6) square feet of lead-based paint in a room or more than twenty (20) square feet of lead-based paint on the exterior. Enforcement of this rule began October 1, 2010. See EPA website at www.epa.gov/lead for more information.

Butte County Development Services will require that the attached certification form be completed for all permits involving paint on pre-1978 homes, child care facilities or private schools.

LEAD PAINT NOTIFICATION STATEMENT

Project Address: _____

Assessor's Parcel Number of Project: _____

Pursuant to the United States Environmental Protection Agency (EPA) Lead-Based Paint Renovation, Repair, and Painting Rule, contractors and maintenance professionals working in pre-1978 housing, child care facilities, and schools with lead-based paint must be certified and their employees be trained and follow protective work practice standards. This rule applies to renovation, repair, or painting activities affecting more than six (6) square feet of lead-based paint in a room or more than twenty (20) square feet of lead-based paint on the exterior.

Attached is a copy of my Lead-Based Paint Certification No.: _____

Signature: _____ Date: _____

-OR-

I hereby declare that no lead-based paint is present.

Signature: _____ Date: _____

-OR-

I hereby declare that the renovation, repair, or painting activities will not affect more than six (6) square feet of lead-based paint in a room or more than twenty (20) square feet of lead-based paint on the exterior.

Signature: _____ Date: _____



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FORM NO
DBP-83

ASBESTOS NOTIFICATION STATEMENT

Demolition Project Location: _____

Assessor's Parcel Number of Demolition Project: _____

Pursuant to section 19827.5 of the California Health and Safety Code, all demolition permit applicants are required to fill out this form.

“19827.5 A demolition permit shall not be issued by any city, county, city and county, or state or local agency which is authorized to issue demolition permits as to any building or other structure except upon the receipt from the permit applicant of a copy of each written asbestos notification regarding the building that has been required to be submitted to the United States Environmental Protection Agency or to a designated state agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulations, or the successor to that part. The permit may be issued without the applicant submitting a copy of the written notification if the applicant declares that the notification is not applicable to the scheduled demolition project. The permitting agency may require the applicant to make the declaration in writing, or it may incorporate the applicant's response on the demolition permit application. Compliance with this section shall not be deemed to supersede any requirement of federal law.”

Attached is a copy of the *Asbestos NESAHP Notification of Demolition and Renovation* which I have sent both to the US Environmental Protection Agency of California and the California Air Resources Board.

Signature _____ Date _____

OR

I hereby declare that a written asbestos notification to the US Environmental Protection Agency is not applicable to this demolition project.

Signature _____ Date _____

ASBESTOS PROCEDURES

Our contact at the state is Ahmad Najjar, Air Resources Board, 916-229-0349. The following information was from him. There are no county agencies that are involved in Asbestos Notification.

1. **Single Family Residences** are exempt at all times from filing an Asbestos Notification form. The only exception to that is if the structure is scheduled for a training Fire Burn they then would be required to complete the form.

2. **Commercial Buildings** are always required to complete the Asbestos Notification.

A. The form needs to be completed by the consumers and sent to both the US EPA and a copy to the Air Resources Board. The instructions for completion are attached to the Asbestos Notification form.

B. The consumer is required to complete the form and send it to both agencies a minimum of 10 working days prior to demolition.

C. We require a copy of the completed Asbestos Notification form which needs to be attached to our Asbestos Notification Statement. These items are collected prior to issuance of a demolition permit. If the Asbestos Notification form has not been completed, we will hold the demolition permit until it is furnished.

Mail Original To:	Mail A Copy To:
<p>Mr. Kingsley Adeduro U.S. EPA – Region IX Asbestos NESHAP Notification (Air 5) 75 Hawthorne Street San Francisco, California 94105</p> <p>Mr. Kingsley Adeduro (415) 947-4182 (PHONE) (415) 744-3579 (FAX) <u>Adeduro.kingsley@epa.gov</u> (EMAIL)</p>	<p>Email (preferred): <u>asbestos@arb.ca.gov</u></p> <p>US Mail: California Air Resources Board Enforcement Division-Asbestos Enforcement Asbestos NESHAP Notification P.O. Box 2815 Sacramento, California 95812</p> <p>Ahmad Najjar (916) 229-0349 (PHONE) (916) 229-0645 (FAX)</p>

ASBESTOS FAQ'S

(Effective 11/08)

1. Are all commercial buildings required to submit the asbestos NESHAP Notification Form?

Answer: Yes. Also: In the case of a Renovation-If the amount of regulated asbestos containing material (RACM) is greater than:

- 160 Square Feet
- 260 Lineal Feet
- 35 Cubic Feet

In the case of the demolition and or moving a commercial building the asbestos NESHAP Notification Form is required even if there is no asbestos present in the structure(s) or building(s).

2. Are Residential buildings owned by companies, corporations, profit and nonprofit organizations, and government agencies required to submit the asbestos NESHAP Notification Form?

Answer: Yes

3. Do all Fire Department burns require a NESHAP Notification Form whether there is asbestos present or not?

Answer: Yes. Also, if asbestos present (friable and or non-friable) greater than 160 square feet and or 160 lineal feet, all of the asbestos has to be removed prior to the burn by a certified asbestos contractor.

4. Is a Single Family Residence (SFR) subject to the asbestos NESHAP requirements if renovated or demolished by the property owner or a contractor?

Answer: No. SFR is subject to the asbestos NESHAP requirements even if there is asbestos greater than 160 square feet or 260 lineal feet.

5. What is the EPA definition of facility?

Answer: EPA defines facility as "Any institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation or building containing condominiums individual dwelling units operated as a residential cooperative, but excluding residential buildings having four or fewer dwelling units)."

6. What is the EPA definition of installation?

Answer: EPA Defines installation as “any building or structure or any group of buildings or structures as a single demolition or renovation site that are under the control of the same owner or operator (or owner or operator under common control).”

MISCELLANEOUS INFORMATION

If a residential structure is to be demolished due to code enforcement procedures, no NESHAP is required if the property owner does the demolition. NESHAP is required if the county does the demolition.

If a residential structure is being demolished to expand roadways NESHAP is required.

If a residential structure is being demolished and will be replaced by a commercial structure NESHAP is required.

If there is an apartment complex being demolished and there is 4 or less apartments no NESHAP is required UNLESS there is a second apartment building which makes more than 4 units on the parcel.

If there is an apartment complex being demolished and it is more than 4 units it requires NESHAP.

If there is more than one residential structure on the parcel no matter how many of those structures are being demolished a NESHAP is required.

SUMMARY OF WHEN A SINGLE FAMILY DWELLING IS SUBJECT TO THE ASBESTOS NESHAP

- 1. If the single family dwelling is used for fire training practice by the fire department.**
- 2. If single family dwelling is demolished to build a freeway, shopping center, or subdivision.**
- 3. If the single family dwelling is owned by a government agency (city, county, state, federal).**
- 4. If the single family dwelling is owned by a nonprofit organization.**
- 5. If the single family dwelling is used for commercial purposes.**



For ARB Use Only:

POSTMARK: _____
 DATE RECEIVED: _____
 NOTIFICATION #: _____

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION FORM
Attention - This Form is for Non-Delegated Air Districts in California Only
 (More Information <http://www.arb.ca.gov/enf/asbestos/asbestos.htm>)

I. TYPE OF NOTIFICATION: (check one)							
<input type="checkbox"/> ORIGINAL		<input type="checkbox"/> CANCELED		<input type="checkbox"/> REVISION		(IF REVISION, WRITE REVISION #: _____)	
II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)							
Owner Name: _____							
Address: _____							
City: _____		County: _____		State: _____		ZIP: _____	
Contact: _____						Telephone: _____	
Asbestos Removal Contractor: _____							
Address: _____							
City: _____				State: _____		ZIP: _____	
Contact: _____				Telephone: _____		Title: _____	
Demolition Contractor: _____							
Address: _____							
City: _____				State: _____		ZIP: _____	
Contact: _____				Telephone: _____		Title: _____	
III. TYPE OF OPERATION: (check one)							
<input type="checkbox"/> DEMOLITION		<input type="checkbox"/> ORDERED DEMOLITION		<input type="checkbox"/> RENOVATION		<input type="checkbox"/> EMERGENCY RENOVATION	
IV. IS ASBESTOS PRESENT? (check one)				What Asbestos Containing Materials are Going to be Removed:			
<input type="checkbox"/> YES		<input type="checkbox"/> NO					
Please attach Asbestos Inspection Report (40 CFR 61.145(a))							
V. NAME OF FACILITY AND DESCRIPTION:							
Address: _____							
City: _____		County: _____		State: _____		ZIP: _____	
Site Location: _____							
Building Size: _____			Number of Floors: _____			Age in Years: _____	
Current Use: _____				Prior Use(s): _____			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
VII. APPROXIMATE AMOUNT OF ASBESTOS CONTAINING MATERIAL (ACM), INCLUDING:		REGULATED ASBESTOS CONTAINING MATERIALS (RACM) TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
				Category I	Category II	Category I	Category II
Pipes (Linear Feet):							
Surface Area (Square Feet):							
Volume RACM Off Facility Component (Cubic Feet):							
VIII. SCHEDULED DATES OF DEMOLITION (MM/DD/YY)				Start: _____		Complete: _____	
IX. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)				Start: _____		Complete: _____	
Weekday Work Hours: _____				Weekend Work Hours: _____			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER:		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. NAME OF WASTE DISPOSAL SITE:		
Address:		
City:	State:	Zip:
Telephone:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
a) Date and Hour of Emergency (MM/DD/YY):		
b) Description of the Sudden, Unexpected Event:		
c) Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER.		
XVII. 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 OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION)		
_____ (SIGNATURE OF OWNER/OPERATOR)		_____ (DATE)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____ (SIGNATURE OF OWNER/OPERATOR)		_____ (DATE)

PLEASE ATTACH ASBESTOS INSPECTION REPORT