

Town of Hancock



P.O. Box 68 • 18 Point Road • Hancock, Maine 04640
 Phone: (207) 422-3393 Fax: (207) 422-6705
 Town Web Site: hancockmaine.org
 Code Enforcement: hancockceo@roadrunner.com

Demolition Permit Application

Property Location:		Zoning District:	
Owners Name:		Owner's Phone:	
Owners Address:		City:	
Applicant's Name: (if different)		Phone:	
Contractor's Name:		Phone:	

Building Information

Tax Map-Lot Number	Is building serviced by electricity?		Square feet of structure
	Yes	No	
Full basement			
Yes	No		

Existing or Previous Use of Building to be Demolished

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Residential:</td></tr> <tr><td>Dwelling</td></tr> <tr><td>Barn/garage</td></tr> <tr><td>Shed</td></tr> <tr><td>Other</td></tr> </table>	Residential:	Dwelling	Barn/garage	Shed	Other	Brief Description of What is to be Demolished:
Residential:						
Dwelling						
Barn/garage						
Shed						
Other						

I hereby certify that the owner has authorized the proposed demolition and that I have been authorized by the owner to make this application. I also certify that the information provided is accurate to the best of my knowledge and agree to conform to all applicable laws of this jurisdiction

Signature of Owner Applicant:	Address:	Date:

By signing the Applicant agrees to the following:

1. Demolition debris must be disposed of properly
2. Appropriate safety precautions must be in place
3. Demolition permit requires sewer line capped, water line shut off and electricity terminated
4. Permit fee \$25.00

**Asbestos Building
Demolition
Notification**

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-6220

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Notice

Prior to demolition, building owners must determine if there is any asbestos-containing material(s) (ACM) in the building. An "asbestos inspection" by a MDEP-licensed Asbestos Consultant is required for all buildings regardless of construction date, except single-family homes and residential buildings with 2-4 units built after 1980. In lieu of an asbestos inspection, pre-1981 residential buildings with 2-4 units can be surveyed to identify possible ACM by someone knowledgeable about ACM, such as a code enforcement officer or building inspector.

If your project involves the demolition of a single family residence or a residential building with less than 5 units, please answer the following questions to determine whether you need to have your inspection performed by a MDEP-licensed Asbestos Consultant:

Does this demolition/renovation project involve more than ONE residential building at the same site with the same owner? Yes No

Is this building currently being used, or has it **EVER** been used, as a commercial, government, daycare, office, church, charitable or other non-profit place of business? Yes No

Is this building to be demolished as part of a highway or road-widening project? Yes No

Is this building part of a building cooperative, apartment or condo building? Yes No

Is this building used for military housing? Yes No

Have other residences or non-residential buildings at this site been scheduled to be demolished now, or in the future, as part of a larger project? Yes No

Is more than ONE building to be lifted from its foundation and relocated? Yes No

Will this building be intentionally burned for the purpose of demolition or fire department training? Yes No

If you answer "no" to all the questions above, your building can be inspected by a knowledgeable non-licensed person as applicable.

Any "yes" answers to the above questions requires an inspection by a MDEP-licensed Asbestos Consultant.

Important Notice

Before you can demolish any building, including single-family residences, all asbestos materials must be removed from the building. The removal of those materials must be done by a MDEP-licensed Asbestos Abatement Contractor, except single-family homeowners may remove some asbestos under certain circumstances (Contact MDEP for more information).

With the exception of a single family home, building owners are required to submit the Asbestos Building Demolition Notification to the MDEP at least five (5) working days prior to the demolition **EVEN IF NO ASBESTOS** is present.

Asbestos Building Demolition Notification	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220	FORM D Page 2 of 2 2011
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Inspection/Survey Results:

Were asbestos-containing building materials identified or presumed positive? Yes No

If Yes, is the removal of ACM subject to MDEP asbestos regulations? Yes No

If No, explain WHY NOT: _____

property address: _____ _____	building description: <input type="checkbox"/> pre-1981 residential with 2-4 units <input type="checkbox"/> post-1980 residential with 2-4 units <input type="checkbox"/> other:
asbestos survey/inspection performed by: (name & address) _____ telephone: _____	asbestos abatement contractor _____ telephone: _____
property owner: (name & address) _____ telephone: _____	demolition contractor: (name & address) _____ telephone: _____
demolition start date: _____	demolition end date: _____

Whenever more than 3 square feet or 3 linear feet of ACM is identified, the ACM must be abated in accordance with the Maine Asbestos Management Regulations by a DEP-licensed Asbestos Abatement Contractor. This includes materials presumed to be ACM. Check www.maine.gov/dep/rwm/asbestos/index.htm for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the MDEP requests that **municipalities** have applicants for municipal demolition permits complete this form and fax it to the MDEP at 207-287-6220. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

This demolition notification does not take the place of the Asbestos Project Notification if applicable

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

_____ Print Name: Owner/Agent	_____ Title	_____ Signature
_____ Telephone #	_____ FAX #	_____ Date