



TOWN OF CAMP VERDE
Community Development Department
Building Safety Division
473 S. Main St., Suite 108
Camp Verde, AZ 86322
Phone: (928) 554-0050 Fax: (928) 567-7401
Website: www.campverde.az.gov

BUILDING PERMIT APPLICATION

Demolition Project

Prior to the commencement of demolition activity of a **regulated facility**, the applicant must notify the Arizona Department of Environmental Quality (**See attached ADEQ-NESHAP notification requirements**).

ITEMS REQUIRED TO SUBMIT PERMIT APPLICATION:

(Please initial or place a check mark in each box to verify completion of each item)

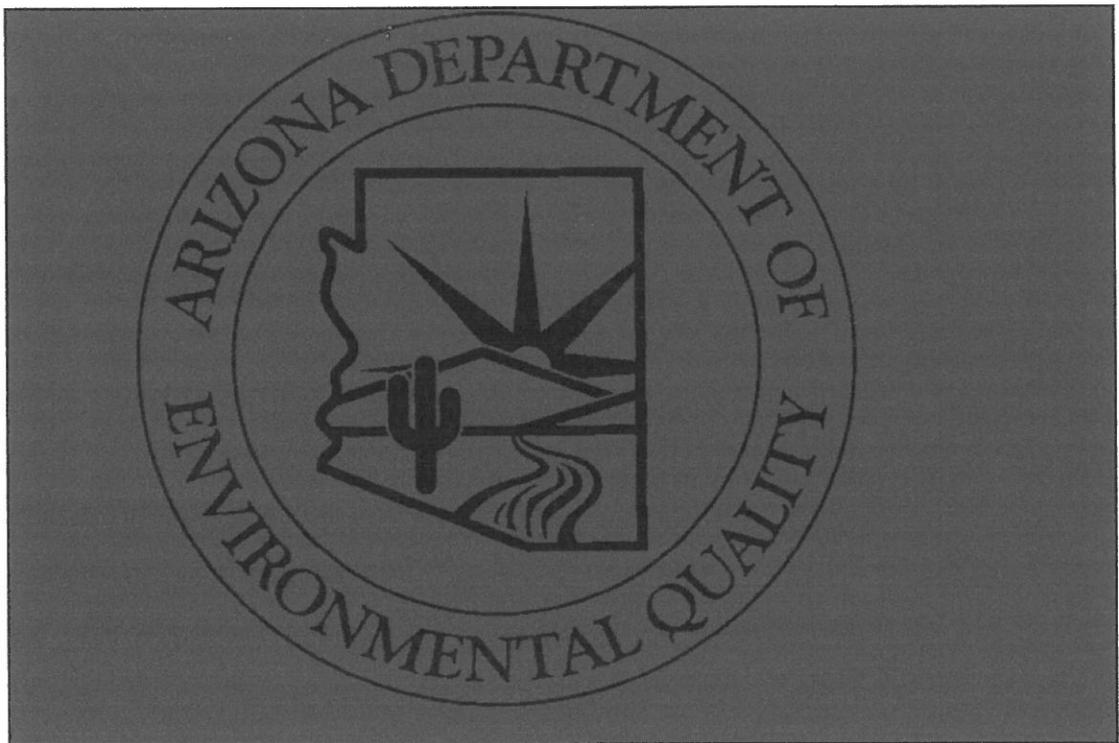
- Copy of Asbestos Demolition and Renovation Activities NESHAP notification form, as required by ADEQ**
- Copies of any testing and abatement information to be conducted at the project site, as applicable**
- Completed permit application**
- Site Plan to scale (8.5" x 11") showing the following:**
 - Assessor's parcel number
 - Indicate scale (may be engineer or architect's scale)
 - Project Address
 - Signature of owner/authorized agent and date
 - Parcel diagram (lines) and dimensions
 - Location and dimensions of existing building(s) and building(s) to be demolished
 - Adjacent streets, alleys and easements
 - Indicate front of property
 - Indicate north
 - Ingress/Egress driveway location
 - Location of all utilities
- Contractor Information form** (must list appropriately licensed commercial Contractors and subcontractors and all contractors must have a business license with the Town of Camp Verde)
- Fees** collected at time of submittal in accordance with the current fee schedule

Note: Additional information may be required as determined by the Building Official. A separate permit will be required for all tenant improvements and/or deferred submittal items.

**AN INCOMPLETE APPLICATION WILL CAUSE YOUR
PERMIT TO BE DELAYED.**

STATE OF ARIZONA

ASBESTOS NESHAP NOTIFICATION FORMS RENOVATION AND DEMOLITION ACTIVITIES



Arizona Department of Environmental Quality
Air Quality Compliance Section
Asbestos NESHAP Program
1110 West Washington Street
Phoenix, Arizona 85007
Telephone: (602) 771-2333 or (602) 771-4553
Fax: (602) 771-2299
Toll free in-State: (800)-234-5677 x2333 or x4553
<http://www.azdeq.gov/environ/air/asbestos/index.html>

Asbestos Demolition and Renovation Activities NESHAP Notification Process

Purpose of Program

To protect public health from exposure to regulated asbestos-containing material (RACM) during National Emission Standards for Hazardous Air Pollutants (NESHAP) facility renovation and/or demolition activities, asbestos removal, transport and disposal, and closely monitoring those activities for proper notification and asbestos emissions control. Asbestos is a known human carcinogen and is known to cause other respiratory diseases.

What are the requirements?

Prior to the commencement of demolition or a renovation activity of a regulated facility an Asbestos Hazard Emergency Response Act (AHERA) certified building inspector must thoroughly inspect the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos, including Category I and Category II non-friable asbestos-containing materials.

Notification Time Frame

An original notification is required to be submitted to the agency 10 working days (counting Monday through Friday) prior to the start of a renovation activity involving the removal or disturbance of threshold amounts of regulated asbestos containing materials. Threshold amounts being:

- 260 linear feet or more on pipes
- 160 square feet or more on other facility components
- 35 cubic feet or more off facility components

A Notification is required to be submitted for all demolition activities, even when no asbestos is present.

Notification Fees

There are no fees associated with the notification process.

What is considered a Renovation Activity?

A renovation means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.

What is considered a Demolition Activity?

A demolition means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

What is considered a regulated facility?

A facility is any institutional, commercial, public, industrial or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential building having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling unit is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart is not excluded, regardless of its current use or function. Including facility components; any part of a facility including equipment.

What Facilities are exempted?

A single residential home or structure containing one to four dwelling units. (unless classified as an installation; meaning any building or structure or any group of buildings or structures at a single demolition or renovation site that are under the control of the same owner or operator or owner or operator under common control).

ADEQ Asbestos NESHAP Program Contact

Arizona Department of Environmental Quality – Air Quality Compliance Section
Asbestos NESHAP Program
1110 W. Washington Street, Phoenix, Arizona 85007
(602) 771-2333 or (602) 771-4553 Fax (602) 771-2299
www.azdeq.gov/environ/air/asbestos/index.html

Toll free: (800)-234-5677 Ext. 771-2333 or 771-4553

Work completed on Arizona Tribal Lands is regulated by EPA Region IX Asbestos NESHAP Program: (415) 972-3989

Statutory Citations

Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP; Arizona Revised Statutes § 49-421 et. seq. and § 49-471 et. seq.; Arizona Administrative Code R-18-2-1101.

Instructions for Completing the NESHAP Notification Form

As per Title 40 Code of Federal Regulations Part 61, Subpart M, Asbestos NESHAP Section 61.145(b)(4), the notification form will not be considered complete without this information. The following information is required to be included on notifications submitted, prior to the start of the renovation and/or demolition activity.

- Line 1 Indicate Original or Revised Notification
- Line 2a Facility Owner Information: provide name, address, and telephone number
- Line 2b Asbestos Removal Contractor/Operator: provide name address, and telephone number
- Line 2c Demolition Contractor/Operator: provide name, address, and telephone number
- Line 3 Type of Operation: type of planned work
- Line 5 Facility Description: provide size (square feet), number of floors, age, present and prior use, location, street address; and if appropriate, building number or name, floor number, and room number
- Line 6 Procedure(s), including analytical method(s) employed to detect the presence of Regulated Asbestos Containing Material (RACM), Category I and Category II nonfriable ACM.
- Line 7 List amount of Regulated Asbestos Containing Material (RACM) to be removed or generated.
List amounts of Category I and Category II nonfriable ACM that will not be removed before demolition.
- Line 8 Start and Completion dates for Asbestos Removal/Renovation
**NOTE: Start date is defined when asbestos containing material(s) are being removed or disturbed.*
- Line 9 Start and Completion dates for Demolition
**NOTE: Start date of demolition is defined when the wrecking or taking out of any load-bearing structural support member of a facility together with any related handling operations or the intentional burning of a facility begins.*
- Line 10 Description of Demolition and/or Renovation Work
- Line 11 Description of Work Practices/Engineering Controls to be used to prevent asbestos emissions to the outside air.
- Line 12(a)(b) Waste Transporter(s): provide name, address, and telephone number
- Line 13 Waste Disposal Site: provide name and location of where generated asbestos containing material will be deposited.
- Line 14 Ordered Demolitions: **NOTE: attach copy of the demolition order with the notification*
- Line 15 Emergency Renovations: **NOTE: provide all information requested on notification form*
- Line 16 Description of procedures to be followed in the event that unexpected RACM is found or Category I or Category II nonfriable ACM becomes crumbled, pulverized, or reduce to powder.
- Line 17 Signature verifying that at least one on-site trained representative is present at the facility site where the stripping and removal of regulated asbestos containing material is occurring at all times during that stripping and removal. **NOTE: the on-site trained representative is equivalent to the 40-hour AHERA Contractor/Supervisor training*
- Line 18 Provide the name and certification of individual(s) that completed the thorough asbestos survey on the affected facility, or if material is assumed to contain asbestos, write "assumed".

NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES

YAVAPAI County, Arizona - Revised September 2007

National Emission Standards for Hazardous Air Pollutants (NESHAP)

THIS LINE FOR NESHAP REGULATORY AGENCY USE	U.S. Postal Service Postmark Date:	Commercial Delivery Service Delivery Date:	Other Hand Delivery Date:	ACTS#:		
1. TYPE OF NOTIFICATION: () Original; () Revision 1; () Revision 2; () Revision 3; () Revision 4; () Revision 5; () Cancel						
2a. FACILITY OWNER INFORMATION						
Name of Company or Individual:						
Address:						
City/Community:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:						
Address:						
City:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
2c. DEMOLITION CONTRACTOR/OPERATOR:						
Address:						
City:			State:	Zip:		
Contact Person:		Telephone:	Fax:			
3. TYPE OF OPERATION: () Renovation, () Emergency Renovation, () Demolition, () Ordered Demolition, () Annual Non-scheduled Operations						
4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR				DATE:		
5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)						
Building Name:		Visible Signage:				
Street Address:		Identifying Features:				
City:	County: YAVAPAI	State: AZ	Zip:			
City/County Renovation Permit#:		City/County Demolition Permit#:				
Building Size in Floor Area (Sq. Ft.)		Number of Floors Affected:	Age of Facility:			
If Residential, Number of Dwelling Units:		Present Use:	Prior Use:			
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. () Polarized Light Microscopy-PLM; () Point Counting; () Assumed; () Other _____						
NVLAP Laboratory Name _____ Number of Samples _____ Date Analyzed _____						
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: <small>*NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141</small>		Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM to be removed		Amount of Nonfriable ACM not to be removed during demo	
			CAT I	CAT II	CAT I	CAT II
On Facility Components; Pipes (Linear Feet)						
On Facility Components; Surface Area (Square Feet)						
Off Facility Components; Volume (Cubic Feet)						
8. DATES FOR ASBESTOS REMOVAL Start Date: _____ Completion Date*: _____			Days of Operations: M T W TH F SA SU			
9. DATES FOR DEMOLITION Start Date: _____ Completion Date*: _____			Hours of Operations: _____			
Mail/Deliver to:	Copy of Notice to:	Copy of Notification to Renovation/Demolition Permitting Agency where Affected Facility is Located:				
Arizona DEQ/AQD Attn: Asbestos Coordinator 1110 W. Washington Phoenix, AZ 85007 602-771-2333	ADOSH Attn: Supervisor of Industrial Hygiene 800 W Washington Phoenix, AZ 85007 602-542-5795	Town of Camp Verde Planning & Zoning Attn: Building Official 473 S Main St #108 Camp Verde, AZ 86322 928-567-8513 or 8514	City of Prescott Building Dept. Attn: Building Official PO Box 2059 Prescott, AZ 86302 928-777-1356	Town of Prescott Valley Building Dept. Attn: Building Official 7501E Civic Circle Prescott Valley, AZ 86312 928-759-3054	City of Sedona Community Dev Attn: Building Official 102 Roadrunner Sedona, AZ 86336 928-282-1154	City of Cottonwood Community Dev Attn: Building Official 827N Main St Cottonwood, AZ 86326 928-634-5505

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:			
<input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Ceiling Texture/Tiles <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding <input type="checkbox"/> Asbestos Cement Siding ≥ 5580 sq ft w/rotating blade cut Other, please specify: _____ REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:			
<input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe _____			
12a. ASBESTOS WASTE TRANSPORTER #1:			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
12b. ASBESTOS WASTE TRANSPORTER #2:			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
13. ASBESTOS WASTE DISPOSAL SITE:			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER			
Name: _____		Title: _____	
State or Local Government Agency: _____		Authority: _____	
Date of Order (MM/DD/YY): _____		Date Demolition Ordered to Begin (MM/DD/YY): _____	
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))			
Date and Hour of Emergency (MM/DD/YY - HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____			
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I or CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:			
<input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> AHERA Certified Contractor/Supervisor on-site			
17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE.			
_____ (Print Name: Owner/Operator)	_____ (Title)	_____ (Signature of Owner/Operator)	_____ (Date)
18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):			
_____ (Print Name of Inspector)	_____ (Training Provider)	_____ (AHERA Certificate Number)	_____ (Expiration Date)
19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Company Name: _____ Rev. Date _____			
_____ (Print Name: Owner/Operator)	_____ (Title)	_____ (Signature of Owner/Operator)	_____ (Date)



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Community Development Department
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(928) 554-0050 • Fax (928) 567-7401
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DATE
 RECV'D: _____

PERMIT
 NO. _____

APPLICATION FOR PERMIT

PROPERTY AND BUILDING INFORMATION

PARCEL NO: _____ LEGAL DESCRIPTION _____
 PROJECT ADDRESS _____
 DESCRIPTION OF PROJECT _____
 HAS WORK COMMENCED ON THIS PROPERTY? _____ SQUARE FOOTAGE _____ APPLICANT'S VALUATION _____
 PROJECT TYPE: RESIDENTIAL COMMERCIAL INDUSTRIAL NEW ALTERATION/REMODELING ADDITION DEMOLITION

PROPERTY OWNER INFORMATION

OWNER NAME _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE _____

Attention Applicant: If you are not the owner of this parcel, you must have something in writing from the owner granting you permission to take out this permit. Also, if you recently purchased this parcel you may have to show proof of ownership documentation.

APPLICANT OR CONTRACTOR INFORMATION

OWNER AGENT CONTRACTOR TENANT

APPLICANT NAME _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE _____
 CONTRACTOR'S LICENSE # _____ CLASS _____ TOWN BUSINESS LICENSE # _____

THE FOLLOWING INFORMATION IS REQUIRED FOR COMMERCIAL, INDUSTRIAL, AND MULTI-FAMILY PROJECTS ONLY

PROPOSED USE _____ EXISTING USE _____
 PROPOSED CONSTRUCTION TYPE WALLS: Combustible Non-Combustible ROOF STRUCTURE: Combustible Non-Combustible
 EXISTING CONSTRUCTION TYPE WALLS: Combustible Non-Combustible ROOF STRUCTURE: Combustible Non-Combustible
 IF THIS IS AN EXISTING BUILDING, DOES IT HAVE A FIRE SPRINKLER SYSTEM?: _____ FIRE ALARM SYSTEM?: _____
 OCCUPANCY LOAD: _____ IBC OCCUPANCY TYPE: _____ IBC CONSTRUCTION TYPE: _____

CURRENT CODE REQUIREMENTS:

2006 INTERNATIONAL BUILDING CODE 2006 INTERNATIONAL RESIDENTIAL CODE
 2005 NATIONAL ELECTRIC CODE 2003 INTERNATIONAL FIRE CODE
 2006 INTERNATIONAL MECHANICAL CODE 2006 ENERGY CONSERVATION CODE
 2006 INTERNATIONAL PLUMBING CODE 2006 EXISTING BUILDING CODE
 2006 INTERNATIONAL FUEL GAS CODE

The Applicant assumes all responsibility for complying with any deed restrictions (CC&R's) that may apply to the property.

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of the Town of Camp Verde. I realize that the information that I have stated heron forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Town Code or any other ordinance or to excuse the owner or his successors from complying therewith. WHERE NO WORK HAS COMMENCED WITHIN 180 DAYS AFTER THE ISSUANCE OF A PERMIT OR WHEN MORE THAN 180 DAYS LAPSES BETWEEN APPROVAL OF REQUIRED INSPECTIONS, SUCH PERMIT SHALL BE VOID. I hereby certify that I am the OWNER at this address or that, for the purposes of obtaining this approval; I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding a valid privilege tax license issued by the Town of Camp Verde and contractor's license issued by the State of Arizona.

OWNER APPLICANT

NAME (Printed) _____ SIGNATURE: _____

BUILDING		
ELECTRICAL		
PLUMBING		
ZONING CLEARANCE		
MECHANICAL		
POOLS		
FENCES		
DEPOSIT		
TOTAL		
RECEIPT#:		
CHECK #		
APPLICATION TAKEN BY:		

TOWN OF CAMP VERDE
COMMUNITY DEVELOPMENT DEPARTMENT
PLOT PLAN SKETCH

Show lot/parcel lines and dimensions, adjacent streets and alleys, front of property, driveway, location of all proposed and existing buildings including dimensions, all building setbacks and distances between buildings, location of septic tank and leach lines, locations of incoming water yard lines and meter, electric yard line and meter, gas lines and tanks, any terrain features that affect placements, location and dimensions of easements and any washes, creeks or ditches within 20 feet of the property.

PERMIT #	ASSESSOR'S PARCEL #	ADDRESS

I/we certify that the proposed construction will conform to the dimensions and uses shown and that no changes will be made without first obtaining approval. All structures (including fences, walls and pads, correct setback distances, legal access and easements, cuts, fills, drainage and any water course on or adjacent to the property within 20 feet of any proposed or existing structure has been indicated.



Scale: _____

Approved By: _____

Date: _____

Signature of Owner or Authorized Representative

Date

32-1169. Local proof of valid license; violation; penalty

A. Each county, city or other political subdivision or authority of this state or any agency, department, board or commission of this state which requires the issuance of a building permit as a condition precedent to the construction, alteration, improvement, demolition or repair of a building, structure or other improvement to real property for which a license is required under this chapter, as part of the application procedures which it utilizes, shall require that each applicant for a building permit file a signed statement that the applicant is currently licensed under the provisions of this chapter with the applicant's license number and the applicant's privilege license number required pursuant to section 42-5005. If the applicant purports to be exempt from the licensing requirements of this chapter, the statement shall contain the basis of the asserted exemption and the name and license number of any general, mechanical, electrical or plumbing contractor who will be employed on the work. The local issuing authority may require from the applicant a statement signed by the registrar to verify any purported exemption.

B. The filing of an application containing false or incorrect information concerning an applicant's contractor's license or transaction privilege license with the intent to avoid the licensing requirements of this chapter is unsworn falsification pursuant to section 13-2704.

I am currently a licensed contractor: Name _____

License No. ROC _____ License Class _____

Signature _____ Title: _____

EXEMPTION FROM LICENSING

I am exempt from Arizona contractors' license laws on the basis of the license exemptions contained in A.R.S. §32-1121A, namely:

- A.R.S. §32-1121A.5 – I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.
- A.R.S. §32-1121A.6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents.
- Other - _____
(Please specify)

I understand that the exemption provided by A.R.S. §32-1121A.14 (the Handyman Exemption) does not apply to any construction project which requires a building permit and/or the total cost of materials and labor are \$1000 or more.

I will be using the following licensed contractors on this project:

(General Contractor) License No. ROC _____ Class _____

(Mechanical Contractor) License No. ROC _____ Class _____

(Electrical Contractor) License No. ROC _____ Class _____

(Plumbing Contractor) License No. ROC _____ Class _____

SIGNATURE _____ DATE _____

Falsification of information on this document for the purpose of evading State licensing laws is a Class II misdemeanor pursuant to A.R.S. §13-2704.