



Demolition Plan

Site Address of Demolition Activity _____

Permit Applicant

Name _____

Company _____

Address _____

Phone _____ email _____

Number of Permitted Dwelling Units _____

Description of Existing Buildings on Site:

Demolition Manager

Name _____

Company _____

Address _____

Phone - 24 hr. Contact _____ email _____

Contractor Information

Name _____

Company _____

Address _____

Phone _____ email _____

Certification Type/CCB# _____ Certification # _____

Documentation Submitted at Intake

Asbestos Survey: Yes No

Close Out Letter: Yes No *(required if asbestos present)*

Is this an unsafe or hazardous structure as defined in PCC 24.55.205.C.8: Yes No

If yes, need letter from structural engineer, BDS or hazardous material professional:

Structural Engineer BDS Hazardous Material Professional

Are you claiming a pre-1978 structure does not contain lead-based paint?

Yes (test results required from an inspector or risk assessor as those terms are defined in OAR 333-069) or No

Will this be a full deconstruction as defined in PCC 24.55.205.C.8: Yes No

Asbestos Accreditation (choose one):

- Accredited asbestos inspector
- Certified Asbestos Supervisor
- Certified Asbestos Worker
- Evidence of Comprehensive Asbestos Inspection & Abatement *(destructive testing; must be reviewed and approved by Site Development Inspector)*

Site Controls

Expected Start Date _____

Estimated Number of Days to Complete Demolition _____

Containment- Horizontal / Vertical and Horizontal (describe):

Debris Management: Direct Load StockpiledWater Source: Water truck Construction meter Private meter

Spray Method:

Dewatering: No Yes - Batch Discharge #: _____

Pedestrian Protection and Site Security (EX. "8' Chain link fencing"): _____

*Final Stabilization – Clean Rock / Compost / Woody Mulch / Top Soil and Hydromulch / Polymer

*Perimeter Sediment Controls – Wattle / Sediment Fence / Compost / Rock Berm

**Local Conveyance System - MS4 / Combination / Sanitary – BES Asset ID #(s)

Monitoring Process Narrative

*Can be reflected on separate simple site form or ESCP instead of demo plan

**To be completed by plan reviewer

I affirm that the above statements are true. If any changes are made to any of the information contained on this form, I will inform BDS immediately in writing. I understand that I am a responsible party as that term is defined in PCC 24.55.150 and that I may be subject to fines and penalties if the provisions of this Demolition Plan are not followed.

Signature of Demolition Manager _____ Date _____

(Must be signed by Demolition Manager; cannot be signed by an agent)

Contact information for Demolition Manager:

Phone _____ email _____