

# DEMOLITION PERMIT

City of Mt. Carmel  
219 N. Market St.  
Mt. Carmel, IL 62863

## COMMERCIAL / PUBLIC BUILDINGS

Form B

<b>Facility Description (Building Name)</b>					
<b>Address</b>					<b>Zoning</b>
<b>Legal Description</b>					
<b>PIN</b> -    -    -    -    -					
<b>Bldg Size</b>	<b># Flrs.</b>	<b>Age (approx)</b>	<b>Present Use</b>		<b>Prior Use</b>
<b>Owners Name</b>			<b>Address</b>		
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Phone #</b>	

### DEMOLITION CONTRACTOR

<b>Name</b>		<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Phone #</b>	

### ASBESTOS INSPECTION – REMOVAL

<b>Inspectors Name</b>			<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>Ph #</b>	<b>License #</b>	<b>Issue State</b>
<b>Asbestos Present</b>						
<b>Yes</b>	<b>No</b>					
<b>Regulated Asbestos Containing Material To Be Removed (RACM)</b>		<b>Nonfriable Asbestos <u>NOT</u> To Be Removed (Demolition)</b>		<b>Nonfriable Asbestos To Be Removed</b>		
		<b>Category I</b>	<b>Category II</b>	<b>Category I</b>	<b>Category II</b>	
<b>Pipes (Ln. Ft.)</b>						
<b>Surface Area (Sq.Ft.)</b>						
<b>Volume (Cu. Ft.)</b>						

<b>Asbestos Removal Contractor</b>		<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Ph #</b>	<b>License #</b>	<b>Issue State</b>
<b>Contact Person</b>		<b>Phone #</b>		<b>Cell Phone #</b>	
<b>Waste Transporter</b>		<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Ph. #</b>		
<b>Contact Person</b>		<b>Phone #</b>		<b>Cell Phone #</b>	
<b>Waste Disposal Site</b>		<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Ph. #</b>	<b>Landfill Permit #</b>	
<b>PROCEDURE, INCLUDING ANALYTICAL METHOD USED TO DETECT THE PRESENCE OF ASBESTOS</b>					
<b>NAME OF ANALYTICAL TESTING LABORATORY</b>					
<b>DESCRIPTION OF PLANNED DEMOLITION &amp; METHODS TO BE EMPLOYED</b>					
<b>DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS AT THE DEMOLITION SITE.</b>					
<b>DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.</b>					
<p><b>I, THE UNDERSIGNED HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT FURTHER; I CERTIFY THAT AT LEAST ONE REPRESENTATIVE, TRAINED IN THE PROVISIONS OF 40 CFR PART 61, SUBPART M, SHALL BE ON-SITE DURING THE DEMOLITION, HAVING IN HIS/HER POSSESSION, FOR INSPECTION, EVIDENCE THAT THE REQUISITE TRAINING HAS BEEN ACCOMPLISHED.</b></p>					
<hr style="width: 100%;"/> <b>Signature of Owner/Operator</b>					<b>Date</b>