



COMMUNITY DEVELOPMENT DEPARTMENT
220 East Morris Avenue, Suite 200
South Salt Lake City, Utah 84115
(801) 483-6063 telephone
www.sslc.gov

DEMOLITION APPLICATION

CHECKLIST PRIOR TO SUBMITTAL FOR MINOR INTERIOR DEMOLITIONS

- 1. **Complete Application**
- 2. **Property Owner Affidavit**
- 3. **Nonrefundable fees**

- 4. **Asbestos Removal Report**

A report must be submitted from a State approved asbestos removal company. The report must state: If there is asbestos and how it is to be removed or if there is no asbestos in the structure.

You can obtain a list of the "Pre-demolition Inspectors" by going to:

www.slcohealth.org/programs/waterQualHazWaste/solidHazWaste/preDemolitionAsbestos/index

- 5. **Salt Lake County Health Department Report**

A "Pre-demolition Building Inspection Report" must be submitted from Salt Lake County Health Department. The form must have an approved signature with a "red" check box.

Contact the Water Quality & Hazardous Waste Bureau at healthwater@slco.org or 385-468-3862

- 6. **Air Quality Report**

A "10-day Notification of Demolition" form must be submitted from the Utah Division of Air Quality. The dates of demolition timeframe must be valid dates.

Contact the Utah State Air Quality at 801-536-4000 or www.asbestos.utah.gov

- 7. **Utility Sign Off**

All utilities must be turned off and disconnected prior to application. Applicants are responsible for making arrangements to disconnect any utility service. The below signatures are required. **Contact SSL to schedule an inspection -- 801-483-6032.**

Gas: _____ Electricity: _____ Water: _____ Sewer: _____

- 8. **Submit a Floor Plan & Structural Engineering Analysis**

A complete floor plan and structural analysis must be submitted and reviewed by SSL Community Development showing the entire scope of the proposed demolition.

- 9. **AFTER Demolition**

After demolition has taken place and the property is cleaned and level, call for inspection of the property at 801-483-6032 to sign off and close the permit.

CHECKLIST PRIOR TO SUBMITTAL FOR BUILDING AND/OR SITE DEMOLITIONS

- 1. **Complete Application**
- 2. **Property Owner Affidavit**
- 3. **Nonrefundable fees**

4. Asbestos Removal Report

A report must be submitted from a State approved asbestos removal company. The report must state: If there is asbestos and how is it to be removed or if there is no asbestos in the structure.

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Gas: _____ Electricity: _____ Water: _____ Sewer: _____

8. Traffic Plan

Contact the South Salt Lake Engineering Inspector at 801-412-3210 to determine where a traffic control plan is required.

Traffic Plan Required [] YES [] NO

9. SWPPP Plan and Permits

A Storm Water Pollution Protection Plan (SWPPP) must be submitted, reviewed by SSL Engineering, approved, and installed prior to a demolition permit being released. Contact SSL Stormwater Division at 801-412-3245.

10. Submit a Site Plan

A complete site plan must be submitted and reviewed by SSL Community Development showing the entire scope of the proposed demolition.

11. Temporary Construction Fencing

Prior to a demolition permit being issued and any demolition activity, temporary construction fencing must be installed to surround and enclose the proposed demolition area.

12. AFTER Demolition

After demolition has taken place and the property is cleaned and level, call for inspection of the property at 801-483-6032 to sign off and close the permit.

**** PERMITS MUST BE POSTED ONSITE DURING ALL DEMOLITION ****

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PERMIT NO. _____

APPLICATION DATE: _____

PROJECT ADDRESS

JOB SITE ADDRESS:	CITY	STATE	ZIP
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PROPERTY OWNER INFORMATION

FEE TITLE OWNER

**MUST MATCH SALT LAKE COUNTY ASSESSOR MAP – SLCO.ORG/ASSESSOR/MAPS

IF FEE TITLE OWNER IS A COMPANY, NAME OF REGISTERED AGENT

TELEPHONE

EMAIL

CONTRACTOR INFORMATION

DEMOLITION CONTRACTOR COMPANY NAME

STATE LICENSE NUMBER

ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

ON-SITE PROJECT MANAGER NAME

TELEPHONE

EMAIL

PROJECT INFORMATION

DESCRIPTION OF WORK	IS THERE A STRUCTURAL MEMBER BEING TAKEN DOWN? [] YES [] NO
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FEES (PER BUILDING/STRUCTURE)

RESIDENTIAL L INTERIOR DEMOLITION	\$20.00
COMMERCIAL INTERIOR DEMOLITION	\$20.00
FIRE DAMAGE	\$20.00
COMMERCIAL BUILDING DEMOLITION	\$60.00
SINGLE FAMILY RESIDENTIAL DEMOLITION	\$30.00
MULTI FAMILY RESIDENTIAL DEMOLITION (2+ UNITS)	\$60.00
DETACHED GARAGE OR ACCESSORY BUILDING	\$30.00

ACKNOWLEDGEMENT OF RESPONSIBILITY

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name, and I am the party with whom the City should communicate regarding any matter pertaining to this application.

The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until all application requirements have been met, including the payment of any applicable fees, deposits, and/or bonds.

This permit becomes null and void if work has not commenced within the allowed time period listed on the "10-day Notification of Demolition" unless approval has been granted by Department of Environmental Quality / Division of Air Quality and supplemental documentation has been provided to the authorizing jurisdiction. All provision of laws and ordinances governing Demolition work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State, Federal or Local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY	DATE RECEIVED	FEE AMOUNT	RECEIPT #	APPROVAL DATE
	FINAL INSPECTION DATE: _____			
	STAFF APPROVAL: _____			

PROPERTY OWNER'S AFFIDAVIT for property located at

Address: _____

Project Name / Business Name: _____

PROPERTY OWNER

I/we _____, being duly sworn, depose and say that I/we am/are the current owner(s) of the property identified in this application and that I/we have read the application and attached exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

Owner's Signature

Owner's Signature (co-owner if applicable)

On the _____ day of _____, 20 ___, personally appeared before me _____ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

Notary Public
Residing in Salt Lake County, Utah
My Commission expires: _____

AGENT AUTHORIZATION

I/we, _____, the owner(s) of the real property described above, do hereby appoint my/our agent _____ to represent me/us with regard to this application affecting the above described real property located in the City of South Salt Lake, and to appear on my/our behalf before any City Board or Commission considering this application.

Owner's Signature

Owner's Signature (co-owner if applicable)

On the _____ day of _____, 20 ___, personally appeared before me _____ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

Notary Public
Residing in Salt Lake County, Utah
My Commission expires: _____