



CITY OF TORRINGTON DEMOLITION NOTIFICATION APPLICATION FORM

APPLICATION FEE MUST ACCOMPANY THIS FORM
INCOMPLETE APPLICATIONS WILL BE RETURNED

Demolition Contractor	Company Name:			Demolition Site	Building Name:		
	Street:				Square footage of footprint of facility or portion of facility to be demolished		
	City:	State:	Zip Code:		Street:		
	Telephone # ()	Fax # ()			City:	County:	Zip Code:
	Project Manager:	Cell Phone # ()			Proposed Start Date		Proposed Completion Date
	City of Torrington Demolition Contractor License #				Method/Mean of Demolition:		
	Signature:	Print Name:			<input type="checkbox"/> Wrecking <input type="checkbox"/> Burning* <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
Landfill Receiving Building Debris:			*Burning requires additional authorization – Please call (307) 532-4213				
Asbestos Removal Contractor	General Abatement Contractor (GAC)			Building Owner	Owner's Name:		
	Copy of the Wy, DEQ Notification of Demolition.				Street:		
	Date Removal Completed	Telephone # ()			City:	State:	Zip Code:
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name:	Telephone # ()	
Asbestos Inspection	<p>I certify that a trained Asbestos Building Inspector has completed an inspection and/or sampling as appropriate for this facility. A copy of the inspection report will be maintained at the site during all abatement and demolition activity. The following asbestos-containing materials have been found in the building:</p> <p>(check appropriate box(es)):</p> <p> <input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify: </p>						
	Name of Inspecting Firm:			Name of Primary Inspector for this Site:			
	Date of Final Inspection			Phone Number for Inspector: ()	Cell Phone # ()		
	<p>With my signature below, I certify that I have permission from the property owner for the demolition of the site above. I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered.</p> <p>CHECK THE APPROPRIATE BOX:</p> <p> <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other Date: _____ </p> <p>Signature: _____ Print Name: _____</p>						
THIS BOX IS FOR COT BUILDING DEPT. USE ONLY:							
Postmark or Hand Delivery Date:			Approved By:		State Permit Attached:		
Form of Payment & #:			Permit #:	Record #	Date Issued:		

* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated and/or removed prior to demolition.

Demolition Notice Application Form Information and Instructions:

1. A fee of \$100 (One Hundred Dollars) must be submitted to City of Torrington Building Department along with the demolition notice application form. (See submit address below)
2. All spaces must be filled in on the application and checklists. If the information is not applicable, please write N/A. Incomplete information may result in a delay in processing the application, which may delay your project.
3. We must have proposed start and end dates for the demolition.
4. There is a 10 working-day advance notification requirement for permit applications. Day 1 is the 1st business day following the postmark or hand-delivery date. (Working Day means Monday through Friday and including holidays that falls on any of the days Monday through Friday.) If a demolition follows a **permitted** or **noticed** asbestos abatement project within 10 business days of the completion of the abatement project, the 10 working-day advance notification requirement will be waived.
5. If Asbestos is on-site and to be removed you must complete the proper WDEQ State permit and you can contact the State Asbestos Unit by phone (307) 777-7391 or the web at <http://deq.state.wy.us/aqd/asbestos.asp>
6. Recycling of materials, such as concrete or wood, that are bonded or contaminated with asbestos-containing material (ACM), such as floor tile or mastic, is NOT permitted.
7. Demolition of a building that has non-friable asbestos-containing materials remaining must be completed without causing the asbestos-containing materials to become friable. Burning a building with any asbestos-containing materials is PROHIBITED. Concrete floors covered with floor tile shall be removed in as large sections as possible. Operations such as crushing, pneumatic jacking, etc. of materials containing asbestos are not permitted.
8. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not. Demolition permits or approval notices appearing to give authority to violate or override the provisions of any other laws or ordinances shall be invalid. Furthermore, demolition permits or approval notices issued in error or based upon incorrect information supplied to the Division shall also be invalid.

City of Torrington – Water/WW Department - Building Demolition Checklist

Water Services:	Yes	N/A
1. <u>Water service(s) currently to property</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Water service needed in future development</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Larger / Smaller water service needed</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Water Wells on property</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Water meter currently on property</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>City Specifications reviewed</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Utility Locates requested</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Consultation with Water / Sewer Department</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Consultation with Meter Department</u>	<input type="checkbox"/>	<input type="checkbox"/>

Sewer Services:	Yes	N/A
1. <u>Sewer service currently to the property</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Sewer service needed in future development</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Current sewer taps verified by video inspection</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Sewer terminates in Manhole</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Larger / Smaller sewer service needed</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Septic systems currently on property</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Storm sewer inlets on property</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>City Specifications reviewed</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Utility Locates requested</u>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Consultation with Water / Sewer Department</u>	<input type="checkbox"/>	<input type="checkbox"/>

Abandonment Requirements:

Water:

- A. Service line disconnected from Corporation stop at water main; Minimum 2' of service line removed, Mueller Corp Cap installed (PVC Cap for lead style corporation stops)
- B. Curb stop box removed
- C. Larger services with mechanical joint (MJ) connections: Minimum 2' service line removed, fitting plugged at water main utilizing MJ Plug

Sewer:

- A. Contractor video inspect sewer main to verify quantity and locations of taps prior to excavation
- B. Service line disconnected from sewer main: Minimum of 2' service line removed, sewer tap capped by approved method, capped sewer completely encapsulated in 2 sack concrete
- C. Service taps terminating in Manholes:
 - 1. Minimum 2' of service line to be removed from manhole
 - 2. Penetration through manhole to be filled with non shrinking grout

Tap Inspection by City Water Department personnel required prior to any backfill

Contact Information:

City of Torrington Water Department

Chris Powell

PH: 307-532-2012

E-mail: cpowell@torringtonwy.gov

City of Torrington - Demolition Checklist Items

Streets / Sanitation:

Yes

N/A

- | | | |
|---|--------------------------|--------------------------|
| 1. <u>Solid Waste / Debris disposal – recycling (See attached Ordinance NO. 1122)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Truck traffic routing needed</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Traffic control Plan</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>Reviewed COT Standards for Streets, Gutters, Approaches, Sidewalk</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>Consultation with Street / Sanitation Department</u> | <input type="checkbox"/> | <input type="checkbox"/> |

Electric:

Yes

N/A

- | | | |
|--|--------------------------|--------------------------|
| 1. <u>Other services needed (pole removal, etc)</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <u>Consultation with Electrical Department</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Generate Work order at City Hall for above items</u> | <input type="checkbox"/> | <input type="checkbox"/> |

Building Department / Engineering:

Yes

N/A

- | | | |
|--|--------------------------|--------------------------|
| 4. <u>Asbestos abatement</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <u>Hazardous materials identification / disposal</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Underground storage vessels</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>State permitting</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Site Safety Plan</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <u>Bond / Insurance compliance</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <u>Excavation Permit</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <u>Site restoration plan</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <u>Dust control plan</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <u>Surrounding inhabitants notification needed</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <u>Historical implications</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. <u>DEQ compliance / requirements</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. <u>Consultation with Building / Engineering Department</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. <u>Storm Water Plan</u> | <input type="checkbox"/> | <input type="checkbox"/> |

Contact Information:

City of Torrington Building Department

Dennis Estes

PH: 307-532-4213

Cell: 307-532-0298

E-mail: destes@torringtonwy.gov