



# Demolition of Buildings or Parts Thereof

CITY OF HEMET BUILDING DIVISION  
445 E FLORIDA AVENUE, HEMET, CA 92543  
(951) 765-2475

## IS A PERMIT REQUIRED FOR THE DEMOLITION OF A BUILDING?

Yes, a permit is required for any demolition of a building or part of a building.

## DO I NEED APPROVAL FROM ANY OTHER AGENCY?

Yes, South Coast Air Quality Management District must be properly notified of demolition of the building in accordance with AQMD Rule 1403 - Asbestos Demolition/Renovation. See Below.

## WHAT WILL I NEED TO PROVIDE TO THE CITY OF HEMET?

You will be required to sign "Instructions and Information Pertaining To Demolition Permit Limitations and Demolition Requisites". If required by SCAQMD a copy of the completed SCAQMD's "Notification of Demolition or Asbestos Removal" form, a certified mail receipt from the post office verifying that the notification has been mailed **or** a copy of the cancelled check **and** a copy of the asbestos report. If you do not have these items, you will not be able to obtain a demolition/renovation permit.

Forms, instructions, fees and Rule 1403 can be obtained from their web site <http://www.aqmd.gov> or by contacting their asbestos hotline at 909-396-2336.

## Description, scope, and nature of work relevant to each particular demolition site is as follows:

1. Maintain dust control at all times.
2. Completely demolish each structure.
3. Remove foundations and slabs.
4. Remove all debris and residue.
5. Smooth and level the site.
6. Dispose of debris and trash created during the demolition process by transporting to an approved land fill.
7. Cap sewer within 5' of the property line.
8. Obligation and responsibility for determining the location of any or all abandoned wells, shafts, openings, septic tanks, cesspools, basements, pits or other like hazards lies with the property owner or contractor. All such hazards shall be abated per Section 1119 of the Uniform Plumbing Code or by methods approved by the Building Official.

9. Two inspections shall be called for: (A) At the time of abatement of all hazards specified under instruction #8. This operation is to be verified by the Building Inspector. (B) Final indicating compliance to all conditions.
10. Burning, covering or otherwise discarding of debris on the demolition site is prohibited.
11. Instances regarding excavation and removal of service station storage tanks, or other excavation involving substantial backfill, a compaction report by an approved agency may be required by the Building Department.
12. Notify all utility companies to remove, and/or disconnect all utilities to the structures (including buried pipes, wires and conduits).
13. When demolition is a consequence of an abatement or condemnation proceeding, the shorter time period of 30 days for completion of work shall prevail and supersede the 60 day limitation, or as designated by administrative authority.

## INSPECTION REQUIREMENTS:

1. Access to the property shall be provided on the date of requested inspection and the property address shall be conspicuously posted.
2. Job card and plot plan shall be on the job site and readily available at the time of inspection.
3. Cap or plug building sewer drain pipe in an approved manner within five (5) feet of property line and left uncovered for inspection by the building inspector.
4. All seepage pits and septic tanks shall have the sewage removed and be filled to the top of the tank with earth, sand, gravel or concrete and left open for inspection by the building inspector.
5. After completing above item 3 and/or 4, call for the first inspection.
6. Completely demolish each structure including foundations and dispose of all debris and trash by transporting to an approved landfill.
7. Cover or fill all abandoned wells, shafts, openings or other like hazards in an approved manner.
8. Complete above items 6 and 7, smooth and level site, and call for final inspection.

**NOTE:** Failure to provide the above listed requirements at inspection may necessitate the applicant to obtain a reinspection permit. If additional information is desired regarding this permit, please contact our office at (951) 765-2475.

City of Hemet  
 Department of Building and Safety  
**APPLICATION FOR BUILDING PERMIT**

**NOTE: 5 sets of plans and 2 sets of specifications must be submitted for all new residential and commercial construction. 3 sets of plans and specifications for all other residential construction. A copy of the signed contract between the owner and the contractor for proposed work is also required. By signing below, I acknowledge that all required documents are included in the submittal and I am aware that the omittance of any items may result in a delay of the plan check turn around time, rejection of the submitted plans or additional plan check fees. Furthermore, I am aware that my plans will expire 180 days from the date of submittal unless a permit has been issued or a request for extension has been granted. Note: All submittals are subject to a Site Development Review that may be determined at a later date. Submittal of plans at this time is at your own risk. Plan check fees will cover inital check and one recheck. Additional plan check fees will be charged for all additional rechecks. Please review back side for additional requirements.**

Project Address: \_\_\_\_\_ Date: \_\_\_\_\_

Assessors Parcel Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Valuation: \_\_\_\_\_

Is this a Mobile Home  Yes  No  Located in a Rental Park  Located on Own Land

Description of Work: \_\_\_\_\_

Existing Residential Pool or Spa

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) - Fax: ( ) - Email: \_\_\_\_\_

<b>CONTRACTOR INFORMATION:</b>	<b>ARCHITECT/ENGINEER INFO.</b>
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Name: _____	Name: _____
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Address: _____	Address: _____
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City: _____	State: _____	Zip: _____	City: _____	State: _____	Zip: _____
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Telephone: ( ) -	Telephone:( ) -
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Fax: ( ) -	License Number: _____	Email: _____
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Contact Person: _____	Telephone: ( ) -	Email: _____
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State License Number: _____	Type: _____	Expiration Date: _____
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Contractor's Workers Comp. Ins. Carrier: _____	Number: _____	Exp. Date: _____
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Contractors City Business License Number: _____	Expiration Date: _____
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\*\*\*DEPARTMENTAL USE ONLY\*\*\*

SET BACKS - FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ BACK \_\_\_\_\_ ZONING \_\_\_\_\_  
 TRACT NUMBER \_\_\_\_\_ TYPE OF CONST. \_\_\_\_\_ OCC. GROUP \_\_\_\_\_  
 LOG NUMBER: \_\_\_\_\_ P/C BUILDING \_\_\_\_\_ P/C FIRE \_\_\_\_\_

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter the above mentioned property for inspection purposes.

Owner/Applicant Signature: \_\_\_\_\_



City of Hemet  
Department of Building and Safety  
APPLICATION FOR BUILDING PERMIT

**ITEMS REQUIRED PRIOR TO PERMIT ISSUANCE**

Now that your plans have been submitted we wanted to make you aware of some items that we hope that you haven't overlooked. Prior to permit issuance the City will require the following:

- G A digital copy of the final set of plans sized greater than 11" X 17" in a TIF image is required before permit issuance.
1. **School Fee Letter:** The actual school fee notification is sent the Hemet Unified School District when the plans have been approved and the fees are calculated for the permit. The owner/developer is responsible for paying those fees to the School District. Even though the School District does not have your actual square footage they can advise you of the current per square footage fee for your project. Once the permit is "run" and fees are calculated, the school district will be notified and you will then be able to pay the fees to the district. Hemet Unified's phone number is 791-2431.
  2. **Contract:** The City requires that the value of the project is verified prior to submittal of plans. If this is not available at time of submittal, it must be provided prior to permit issuance. If the project is to be owner/builder, we will then require a certification from the engineer of record for the valuation.
  3. **First Release from Eastern Municipal Water District (EMWD).** All projects are required to obtain a First Release from EMWD whether or not you are in their service area. EMWD can be reached at 928-3777.
  4. **First Release from applicable water & sewer agency.** There are 3 agencies that provide water or sewer services to the valley. You are required to get a first release from the agency(s) that will provide sewer and water service to your project. They can be reached at the following numbers:

EMWD	928-3777
Lake Hemet Municipal Water District	658-3241
City of Hemet	765-2350
- G Development Impact Fee (DIF) waivers. The Building Department will not waive any DIF fees without written notification from the department that we collect it for. If you are exempt from TUMF or MSHCP, written documentation is required from the Planning Department. You are responsible for ensuring that documentation is received by our Department.
- G Pool and Spa Anti-Entrapment Cover Declaration form for all residential projects.

City of Hemet

# CITY OF HEMET

## INSTRUCTIONS AND INFORMATION PERTAINING TO DEMOLITION PERMIT LIMITATIONS AND DEMOLITION REQUISITES

By authority contained in Section 303(d) of the Uniform Administrative Code under the City of Hemet Municipal Code every demolition permit issued shall have imposed time limitation of 60 days. All work pertinent to demolition prescribed shall be fulfilled within this allocated time interval or as designated by the administrative authority.

Description, scope, and nature of work relevant to each particular demolition site is as follows:

- G Maintain dust control at all times.
- G Completely demolish each structure.
- G Remove foundations and slabs.
- G Remove all debris and residue.
- G Smooth and level the site.
- G Dispose of debris and trash created during the demolition process by transporting to an approved land fill.
- G Cap sewer within 5' of the property line.
- G Obligation and responsibility for determining the location of any or all abandoned wells, shafts, openings, septic tanks, cesspools, basements, pits or other like hazards lies with the property owner or contractor. all such hazards shall be abated per Section 1119 of the Uniform Plumbing Code or by methods approved by the building Official.
- G Two inspections shall be called for: (A) At the time of abatement of all hazards specified under instruction #8. This operation is to be verified by the Building Inspector. (B) Final indicating compliance to all conditions.
- G Burning, covering or otherwise discarding of debris on the demolition site is prohibited.
- G Instances regarding excavation and removal of service station storage tanks, other excavation involving substantial backfill, a compaction report by an approved agency may be required by the Building Department.
- G Notify all utility companies to remove, and/or disconnect all utilities to the structures (including buried pipes, wires and conduits).
- G When demolition is a consequent of an abatement or condemnation proceeding the shorter time period of 30 days for completion of work shall prevail and supersede the 60 day limitation, or as designated by administrative authority.
- G South Coast Air Quality Management District has been properly notified of demolition of building in accordance with AQMD Rule 1403 - Asbestos/Demolition.

I the undersigned, owner or licensed contractor, of the building(s) to be demolished have read, understand and agree to complete the above stated mandatory requirements within the allocated time limitations.

I hereby declare that written asbestos notification to the South Coast Air Quality Management District has been prepared and forwarded in accordance with AQMD Rule 1403 or such notification is not applicable to the schedule demolition project listed herein on this demolition or moving permit application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  
NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

D USE ONLY		AQM		SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #				
COMPLETED BY	COMPANY				PHONE							
DATE	CHECK #	FEE \$		PROJECT #								
NOTIFICATION TYPE	ORIGINAL	REVISION DATES		REVISION OTHER (highlight)		CANCELLATION						
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (removal)		EMERGENCY REMOVAL	PLANNED RENO (annual)						
SITE INFORMATION	SITE NAME											
SITE ADDRESS						CROSS STREET						
CITY	STATE			ZIP	COUNTY							
DESCRIBE WORK AND LOCATION												
BUILDING SIZE (SQ FT)	NUMBER OF FLOORS			BUILDING AGE (YEARS)		NUMBER OF DWELLING UNITS						
BLDG PRIOR / PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	Other	OFFICE	PUBLIC BLDG.	HOUSE	SCHOOL	SHIP	UNIV/COLLEGE		
SITE OWNER	ADDRESS											
CITY	STATE	ZIP	CONTACT			PHONE						
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT?	YES	NO	<sup>1</sup> ASBESTOS SURVEY?	YES	NO	ASBESTOS REMOVED?	YES	NO	BUILDING TO BE DEMOLISHED?	YES	NO
PROJECT DATES	START			END			WORK SHIFT (day, swing, night)					
*ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE		CLASS I		CLASS II		TOTAL AMOUNT (add row)					
*ASBESTOS REMOVAL FROM	SURFACES			PIPES			COMPONENTS					

*AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	ROOFING	OTHER (describe)		
CONTRACTOR INFORMATION	CSLB LICENSE #			OSHA REG #		AQMD ID #	
NAME				ADDRESS			
CITY	STATE	ZIP	SITE SUPVR			PHONE	
WASTE TRANSPORTER #1				LANDFILL			
ADDRESS				ADDRESS			
CITY	STATE	ZIP	CITY	STATE	ZIP		

\* Not required for demolition notifications      <sup>1</sup> asbestos surveys are required prior to Demolition and Renovation.

Forms, instructions, and the Rule 1403 can be obtained from AQMD web site <http://www.aqmd.gov>

**SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**  
 MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

WASTE TRANSPORTER #2			* WASTE STORAGE SITE		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
* CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other.  For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)					
* ASBESTOS DETECTION PROCEDURE: Circle the procedures and analytical methods used to determine the presence of asbestos in the building. Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):					
FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:					
FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #					
AUTHORIZING PERSON:			TITLE		
DATE OF ORDER:			DATE ORDERED TO BEGIN:		
* FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT ( <i>Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up</i> ):  EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:					
CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. ( <i>Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up</i> ):					
* TRAINING CERTIFICATION: I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.					
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date	
INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.					
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date	
Notifications can not be accepted without the required fee ( <a href="#">Rule 301</a> ). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:					
PROJECT SIZE in square feet	DEMOLITION OR REMOVAL	ADDITIONAL SERVICE CHARGES			
1,000 or less -----	\$ 47.32 -----	Special Handling Fee ---- \$ 47.32			
1,001 to 5,000 -----	\$ 144.68 -----	Revision to Notification- - \$ 47.32			
5,001 to 10,000 -----	\$ 338.64 -----	Returned Check Fee --- - \$ 25.00			
10,001 to 50,000-----	\$ 531.01-----	Planned Renovation ---- - \$ 531.01			
50,001 to 100,000 -----	\$ 769.56 -----	Procedure 4 or 5 Plan----\$ 531.01			
100,001 or more -----	\$ 1,282.60 -----				
ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution					