



UINTAH COUNTY COMMUNITY DEVELOPMENT

152 East 100 North Vernal, Utah 84078
Office (435)-781-5336 Fax (435)-781-5352

DEMOLITION APPLICATION

Step 1: Get an asbestos inspection (This only applies if the demolition is done by a hired contractor. Private homeowners doing the demolition would be exempt per House Bill 285). (See www.airquality.utah.gov "Asbestos" "Certified Asbestos Companies" for a list of certified companies.)

Step 2: Get **Fire Marshal** and **Health Department** signatures

Step 3: Two weeks prior to demolishing, the state Division of Air Quality must be notified (even if no asbestos is found). There is approx. a \$50 fee. Go to www.airquality.utah.gov "Asbestos" "Forms" and print the applicable form. (There are forms for asbestos and demolition notification. If you have questions, you may contact the State @ 801-536- 4000.

Step 4: Get asbestos removed, if needed, by a Certified Asbestos Contractor (again, see list of certified companies).

Step 5: Fill out the remaining information on *this* application and submit it, along with a copy of your approval from the Division of Air Quality, to the building department.

Step 6: Once the building office issues your demolition permit, remove the building and then call for an inspection.

Owner's Name _____ Phone Number _____ Parcel No. _____

Property Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Zone _____ Square ft. of Bldg. _____ Value of Structure \$ _____ Previous use of structure _____

Square footage of: Main floor _____ 2nd floor _____ Basement _____ Garage _____

Will a new structure be built? Yes ___ No ___ What type of structure will be built: _____

Any new structure being built to replace the existing building must have a building permit approved through the Community Development department. Applications can be picked up at our office or printed off our website at www.co.uintah.ut.us.

DEMOLITION CONTRACTOR INFORMATION

Contractor: _____ Signature: _____

State License # _____ Expiration Date: _____ Phone: _____

Was Division of Air Quality Contacted? Yes _____ No _____ Date _____

FIRE MARSHAL APPROVAL

Fire Marshal Signature _____ Date _____

HEALTH DEPARTMENT APPROVAL

An asbestos inspection, if applicable, (see Step 1) is required before the health department will approve your demolition.

Health Dept. Signature _____ Date _____

OFFICE USE ONLY		
FEE: \$100.00 per building (no tax)	FEE PAID: \$ _____	Date Paid: _____

I have read and submitted to the best of my knowledge all information to be true and correct.

Name of Applicant: _____ Signature: _____ Date: _____