



City of Long Beach
Department of Development Services
Building and Safety Bureau
Obtaining a Demolition Permit

Information
Bulletin
BU-047
Eff: 02-02-2016
Rev: 02-04-2016

A Demolition Permit is required when a primary building is being demolished and removed in its entirety from the site. The purpose of a Demolition Permit is to ensure that the lot is clear of debris and health hazards and that the utilities have been disconnected. Prior to the issuance of any Demolition Permit, the applicant shall ensure that the demolition site is secured and the public is protected from any harm that may result from this work. The purpose of this Information Bulletin is to outline the steps an applicant must follow to apply for a Demolition Permit.

1. Complete a Development Services Permit Application and include the following information:
 - a. Address of the building (one application for each building to be demolished).
 - b. Contractor's name, address, and State license information.
 - c. Contact person's name, mailing address, and phone number.
 - d. Total square feet of building to be demolished.
 - e. Contract amount for the demolition (not including any asbestos abatement cost).
 - f. Description of the building (e.g., two-story warehouse building), the number of residential units (if applicable), and the method of demolition (e.g., hand wreck, bulldozer, etc.).
2. Provide a plot plan, drawn to scale, showing all buildings, set backs, and building heights at the site with the building to be demolished highlighted.
3. To obtain sewer capacity credit for existing plumbing fixtures, complete a Special Inspection application to arrange to have fixtures counted. Applicant should also complete the Sewer Capacity form to document this information.
4. Complete a Construction & Demolition Recycling Program Application.
5. Contact the following agencies for their approval and/or appropriate documentation:
 - a. Planning Bureau, 333 West Ocean Boulevard, 4th Floor, Long Beach, CA, (562) 570-6194, to conduct additional reviews should the property be located in a Historical District or Coastal Zone. (Form: Development Services Permit Application).

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- b. Public Works, 333 West Ocean Boulevard, 10th Floor, Long Beach, CA, (562) 570-6784, to verify the location of underground utilities. Should the demolition project require pedestrian protection, a Public Works Permit (Attachment A) must be obtained prior to Demolition Permit issuance.
- c. Gas & Oil, 2400 East Spring Street, Long Beach, CA, (562) 570-5991, to schedule an on-site inspection and termination of services (Long Beach Gas & Oil Inspection Report). The Development Permit Center will forward a copy of the submitted plot plan to Long Beach Gas & Oil notifying them of the pending demolition; however, the applicant should also have a copy of the plot plan available for the inspection.
- d. Health & Human Services, 2525 Grand Avenue, Long Beach, CA (562) 570-7600, to verify that the building is free of vermin infestation. Return a copy of the Demolition Permit Release (Attachment B) to the Development Permit Center.
- e. South Coast Air Quality Management District (SCAQMD), 21865 East Copley Drive, Diamond Bar, CA, (909) 396-2000, or <http://www.aqmd.gov> (search "Rule 1403 Form"). Applicant must file a copy of the *Notification of Demolition or Asbestos Removal* form (Attachment C) with the State and provide a copy to the Development Permit Center.
- f. California Occupational Safety and Health Administration (Cal OSHA), 680 Knox, Suite 100, Torrance, CA, (310) 516-3734. Contact is required when the building is more than four stories in height or five-feet in depth.
- g. Long Beach Harbor Department, 4801 Airport Plaza Drive, Long Beach, CA, (562) 437-0041. Contact is required when the building is located in the Harbor District (Form: Harbor Development Permit (HDP)).

In addition, applicant shall be responsible for contacting the Long Beach Water Department at www.lbwater.org or (562) 570-2300 and Southern California Edison at www.sce.com or (800) 655-4555 to disconnect respective utility services.

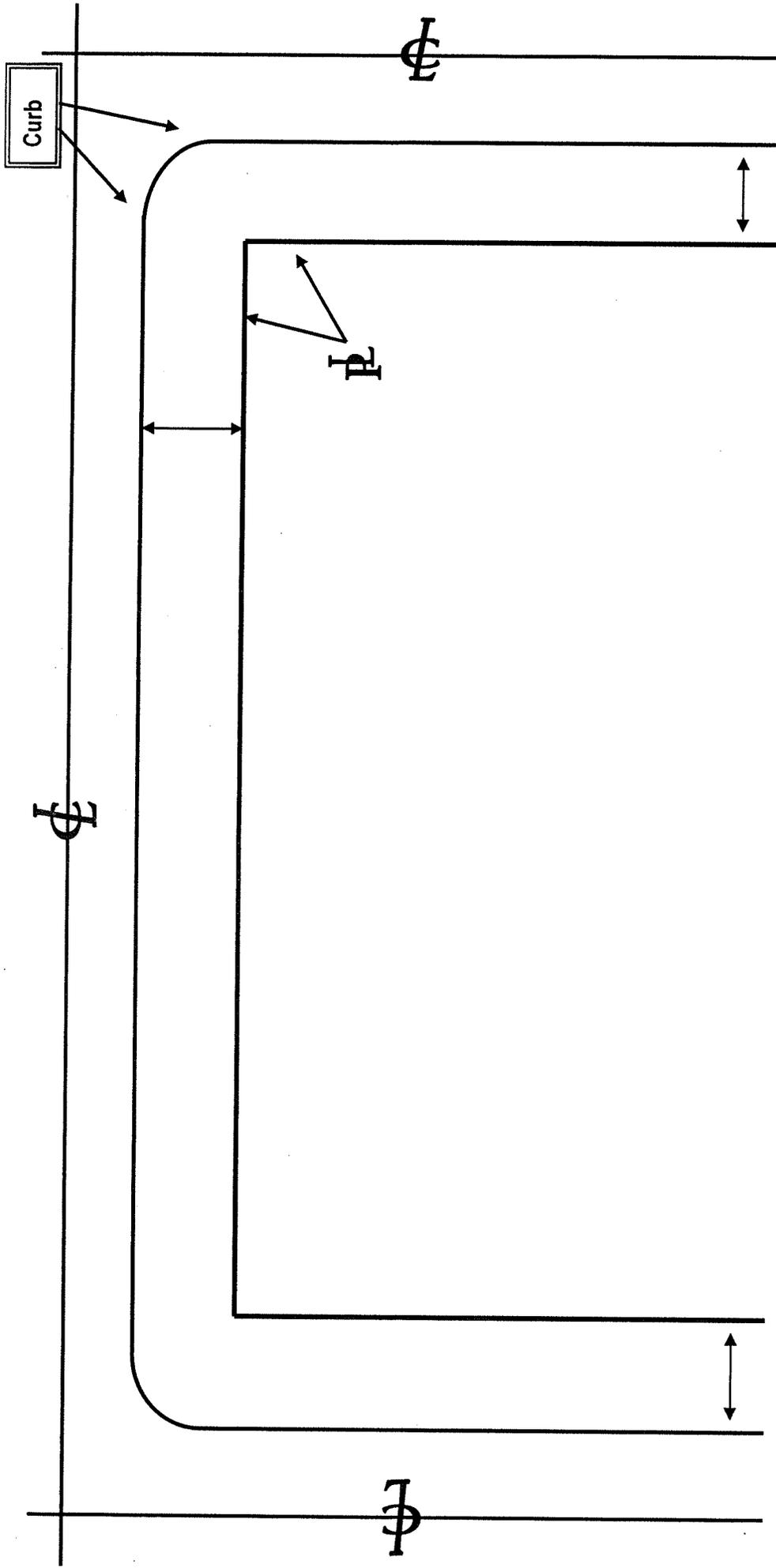
6. A field inspector shall visit the site to verify the accuracy of the plot plan and to determine if site or pedestrian protection is required or if a common wall exists.

Should a common wall exist at the proposed demolition site, the Development Permit Center shall notify the owner of the adjacent building of the pending demolition. The Demolition Permit will not be granted for at least 30 days from the notification date of the adjacent owner, unless written permission to issue the permit earlier is obtained from the adjacent owner.

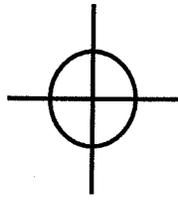
7. After all approvals and/or documentations have been received, a licensed contractor who has an active City of Long Beach Business License can obtain the permit.

CUSTOMER GUIDELINES FOR REMOVING GAS SERVICES DUE TO DEMOLITION

- Customer should contact the Long Beach Gas & Oil (LBGO) Utilities Division at (562) 570-5991 and provide the property address that will be demolished. Customer should request that LBGO Inspection perform an investigation.
- The LBGO Utilities Division will issue an investigation with this information to LBGO Inspection.
- LBGO Inspection will review the gas service / gas meter status for removal, and contact the customer at the name and telephone that has been provided to schedule an on-site meeting with the customer or the customer's representative for the following:
 - LBGO Inspection will prepare the required Signature/Responsibility Card for customer's signature. Completion of these forms is required prior to completing any other steps in the process.
 - LBGO Inspection will prepare the construction documents.
 - LBGO Inspection will prepare and forward the Investigation form with gas meter removal instructions (if required) and Signature/Responsibility Card to the LBGO Utilities Division.
 - Customer to provide, if requested, a contact number and or fax number for notification after the gas services has been removed.
- The LBGO Utilities Division will prepare and mail the appropriate bill.
- Customer should make payment to the LBGO Utilities Division after receiving the bill. Payment can be made via check or phone with an ATM card, MasterCard or Visa at (562) 570 5991.
- Once Payment has been received, the LBGO Utilities Division will Input any meter removal instructions (if required) and notify Inspection to release the service order to construction. Please note that LBGO work will not commence without payment.
- LBGO Inspection will prepare and forward the paperwork to the LBGO Construction Division.
- LBGO Construction Division will schedule the work listed below into the existing workload:
 - LBGO Construction will terminate service line per Inspector's instructions.
 - Coordinate the removal of the gas meter with LBGO Gas Services Bureau.
 - Notify Long Beach Development Services "Permit Center" of removal of the gas service (this is our release for demolition unless other notification is requested).
- LBGO Inspection will provide notification of completion of the gas service removal if requested (via phone or fax).
- Customer contact the Long Beach Development Services "Permit Center" Long Beach City Hall, 333 Ocean Blvd ,4th Floor ,Long Beach CA (562)570-LBDS (5237) to apply for a Demolition Permit

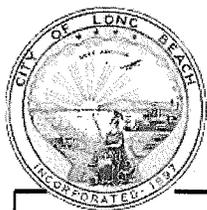


Contractor: _____
 Location: _____
 Section Map Number: _____ Permit Number: _____
 Lot Number: _____ Block Number: _____
 Tract: _____
 Date: _____
 Approved by Planning: _____
 Approved by Traffic: _____
 Reference: _____
 Applicable Charge Number: _____



Approved by:
 Ara Maloyan
 City Engineer

By: _____



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH

2525 Grand Avenue, Room 220, Long Beach, CA 90815 • 562-570-4129 • FAX: 562-570-4038

DEPARTMENT OF HEALTH AND HUMAN SERVICES DEMOLITION PERMIT RELEASE

Section 8.08.192 of the Long Beach Municipal Code requires that before a demolition permit can be issued, the owner must present to the Building Official written certification from the Health Officer that the building is free from rat or vermin infestation.

This form must be presented to the Bureau of Environmental Health at the City of Long Beach Department of Health and Human Services located at 2525 Grand Avenue, Room 220, Long Beach, CA 90815 between the hours of 8:00 a.m. to 5:00 p.m.

_____ **Date** _____ **Company Name**
_____ **Contact Name (Please Print)** _____ **Phone Number**

Address: _____

Description: _____

_____ **Received By** _____ **Date Received**

RETURN THIS FORM AFTER OBTAINING HEALTH DEPARTMENT APPROVAL TO:

DEVELOPMENT PERMIT CENTER
333 W. OCEAN BLVD 4th Floor
LONG BEACH, CA 90802

OFFICE USE ONLY

Approved **Previously Demolished** _____

Rodents/Vermin Infestation _____

Comments: _____

_____ **Vector Control Specialist (Please Print)** _____ **Date Approved**



South Coast Air Quality Management District (www.aqmd.gov)

21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

Rule 1403 Form

Notification of Demolition or Asbestos Removal



¹ Fax these type of Notification Forms to **(909)396-3342** and mail the originals within 48 hrs

Mail Form and Fee To:
 SCAQMD
 Asbestos Notification File # 55641
 Los Angeles, CA 90074-5641

Project Type	DEMOLITION <input type="checkbox"/>	DEMOLITION (Fire Training) <input type="checkbox"/>	ASBESTOS REMOVAL (Renovation) <input type="checkbox"/>	PLANNED RENO (Annual) <input type="checkbox"/>	¹ PROCEDURE 4 PLAN <input type="checkbox"/>	¹ PROCEDURE 5 PLAN <input type="checkbox"/>	Project Urgency	EMERGENCY <input type="checkbox"/>	ORDERED <input type="checkbox"/>
Notification Type	ORIGINAL <input type="checkbox"/>	¹ CANCELLATION <input type="checkbox"/>	¹ REVISION AMOUNT <input type="checkbox"/>	¹ REVISION DATES <input type="checkbox"/>	¹ REVISION OTHER <input type="checkbox"/>	Explain revision amount and other (includes previously notified)			

Contractor Information: Notifications should be submitted by the contractor performing the project

CSLB License _____	Cal. OSHA REG _____	AQMD ID _____	CHECK _____	FEE _____	DATE _____	PROJECT # _____
Company Name _____			List Site Supervisor(s) _____			Phone _____
Address _____						
City _____		State _____	Zip _____			
Completed by _____		Phone _____				

Site Information: Copies of this notification and the CAC asbestos survey report must be kept at the worksite during this project

Site Name _____

Site Address _____ Cross Street _____

Site City _____ State _____ Zip _____ County _____

Site Owner _____ Contact _____ Phone _____

Owner Address _____ City _____ State _____ Zip _____

Describe Work _____

Describe Work Location (s) _____

Project Start Date _____ Project End Date _____ Project Work Shift Day Swing Night

²BUILDING SIZE in sq ft _____ Number of Floors _____ Building Age (Years) _____ Number of Buildings or Dwelling Units _____

Building Prior/ Present Use SCHOOL HOSPITAL CONDO/ APT PUBLIC BLDG. INDUSTRIAL COMMERCIAL OFFICE UNI/COLLEGE HOUSE SHIP OTHER

Required Building Information ASBESTOS SURVEY? YES NO ASBESTOS FOUND? YES NO ASBESTOS REMOVED? YES NO BUILDING TO BE DEMOLISHED? YES NO

Asbestos Information: Do not provide this information in demolition notifications, see pg 2

Asbestos Amount to be Removed in sq ft	FRIABLE _____	CLASS I _____	CLASS II _____	² TOTAL AMOUNT _____	0.00			
Amount of Each Type of Asbestos in sq ft	ACOUSTIC CEILING _____	LINOLEUM _____	INSULATION _____	FIRE PROOFING _____	DUCTING _____	STUCCO _____	MASTIC _____	FLOOR TILES (VAT) _____
	DRYWALL _____	PLASTER _____	TRANSITE _____	ROOFING _____	OTHER _____	PLEASE DESCRIBE OTHER TYPE OF ASBESTOS: _____		

Asbestos Removal From SURFACES PIPES COMPONENTS

Asbestos Detection Procedures: Check the procedures and analytical methods used to determine the presence of asbestos in the building. See Survey Checklist

SURVEY BULK SAMPLING INSPECTION CAC ASSUMED AS ASBESTOS-PACM PLM PCM TEM

Controls: Check the combination of Rule 1403 procedures used to control asbestos emissions. (Procedure 4 and 5 submit plans for AQMD prior approval)

PROCEDURE NUMBER 1 2 3 4 5

Emergency Asbestos Removal: Check the sudden unexpected event and attach a letter from the person affected by the emergency explaining how this event caused unsafe conditions, equipment damage or unreasonable financial burden. For disturbed/damaged asbestos materials see Procedure 5 Guidelines.

FIRE FLOOD WATER DAMAGE EARTHQUAKE NUISANCE VANDALISM HEALTH/SAFETY FINANCIAL BURDEN EQUIPMENT DAMAGE OTHER

Name of Person Declaring/ Authorizing the Emergency _____ Date of Emergency _____ Hour of Emergency _____

Phone _____

AQMD USE ONLY: SCREENED BY	RECEIVED	POSTMARKED	ENTERED BY	NOTIFICATION #
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**South Coast Air Quality Management District (www.aqmd.gov)**

21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

**Rule 1403 Form
Notification of Demolition or Asbestos Removal**

Mail Form and Fee To: SCAQMD Asbestos Notification File # 55641 Los Angeles, CA 90074-5641
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Demolition Information: All asbestos containing materials must be removed *prior* to any demolition activity

Asbestos Removal Company Name _____ Date of Asbestos Removal _____

Check work practices to prevent, suppress and contain dust, and dust controls to be use at the demolition site

SPRAY WATER EXIT GRATES TARP TRUCKS/BINS FENCE SCREENS STONE TRUCK PADS TIRE WASHING SOIL STABILIZERS OTHER

Contingency Demolition Plan: Check actions to be followed if unexpected asbestos is found during demolition or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder. Disturbed/Damaged ACM requires a Procedure 5 Plan Approval prior to clean-up (See Procedure 5 Guidelines)

STOP WORK NOTIFY OWNER SECURE STABILIZE POST SIGNS ISOLATE WORK AREA SURVEY CHARACTERIZE WASTE OTHER

Ordered Demolition: Attach a copy of the agency order

Agency Name _____ Phone _____ Date of Order _____

Authorizing Person _____ Title _____ Date Ordered to Begin _____

Waste Information

WASTE TRANSPORTER #1 _____ WASTE STORAGE SITE _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

WASTE TRANSPORTER #2 _____ LANDFILL _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Contractor Certification: All contractors or owner/operator submitting this notification must sign this formI certify that an individual trained in the provisions of regulations AQMD Rule 1403 and the Asbestos NESHAP Title 40 CFR Part 61 Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. I hereby certify that all of the information contained herein and information submitted with this notification is true and correct.

Company Name _____ Title of Owner/Operator _____

Print Name of Owner/Operator _____ Signature of Owner/Operator _____ Date _____

Notification Fee: No notifications shall be considered received pursuant to Rule 1403, unless it is accompanied by the required payment (Rule 301, Table VI). Please make check payable to "SCAQMD". Fees are per notification and vary according to the **TOTAL AMOUNT** of asbestos removed or the demolition **BUILDING SIZE**. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See Fee Information)

Project Size Fee: _____	Fee Based on Project Size (sq ft)		Additional Fees			
Additional Fee: _____	1,000 or less -----	\$ 57.18	<input type="checkbox"/>	Special Handling Fee-----	\$ 57.18	<input type="checkbox"/>
Total Fee Due: _____	1,001 to 5,000 -----	\$ 174.83	<input type="checkbox"/>	Revision to Notification-----	\$ 57.18	<input type="checkbox"/>
	5,001 to 10,000 -----	\$ 409.26	<input type="checkbox"/>	Returned Check Fee-----	\$ 25.00	<input type="checkbox"/>
	10,001 to 50,000-----	\$ 641.73	<input type="checkbox"/>	Planned Renovation-----	\$ 641.73	<input type="checkbox"/>
	50,001 to 100,000 -----	\$ 930.03	<input type="checkbox"/>	Procedure 4 or 5 Plan-----	\$ 641.73	<input type="checkbox"/>
	100,001 or more -----	\$ 1,550.04	<input type="checkbox"/>	Expedited 4 or 5 Plan-----	\$ 320.86	<input type="checkbox"/>

Attention

Keep Three (3) Copies of This Notification Form for your records, **to post at the worksite**, and to obtain a city demolition permit. See California Health and Safety Code 19827.5 that 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. Forms, instructions and Rule 1403 can be obtained from the AQMD website at <http://www.aqmd.gov>. Please mail this signed original notification form, fee, and any attachments to SCAQMD Asbestos Notification File # 55641 Los Angeles, CA 90074-5641. Mailing saves time, money and reduces traffic and air pollution.

Project # _____