



TOWN OF BEL AIR BUILDING PERMITS DIVISION

Stephen D. Kline
Director of Public Works/Building Official

INFORMATION FOR HOMEOWNERS & LICENSED CONTRACTORS

RECOMMENDED CONSTRUCTION GUIDELINES

DEMOLITION / RENOVATION CHECKLIST & PERMIT APPLICATION

Submit Permit Documents to:

Chrissy Mullaney, Building Permits Clerk
705 Churchville Road
Bel Air MD 21014
Ph: (410)638-4546 Fax: (410) 838-0775
Email: cmullaney@belairmd.org



TOWN OF BEL AIR DEMOLITION PERMIT WORKSHEET

PLEASE CALL (410) 638-4546 OR (410) 879-9507 FOR MORE INFORMATION.
APPLICANT MUST SIGN WORK SHEET.

PERMIT NO.
APP. DATE:
FEE \$

JOB LOCATION:

DESCRIPTION OF WORK: CHECK ONE: COMMERCIAL: [] RESIDENTIAL: []

TOTAL SQ. FOOTAGE	NO. OF STORIES	STRUCTURE HEIGHT:	Public		Private	
			Water []	Sewer []	Septic []	Well []

APPLICANT INFORMATION	APPLICANT NAME (PRINT): (ATTACH OWNER AUTHORIZATION LETTER)	PHONE No.
	COMPANY/CORP. NAME:	FAX No.
	ADDRESS:	STATE ZIP

PROPERTY OWNER	PROPERTY OWNER NAME (PRINT):	PHONE No.
	COMPANY/CORP. NAME:	FAX No.
	ADDRESS:	STATE ZIP

CONTRACTOR INFORMATION	CONTRACTOR NAME (PRINT):	HARFORD COUNTY CONTRACTOR'S LIC. NUMBER:	
	ADDRESS:	STATE	ZIP
	PHONE No.	FAX No.	
		MARYLAND HOME IMPROVEMENT LIC. NUMBER:	

UTILITIES DISCONNECT	GAS & ELECTRIC UTILITIES	WATER & SEWER UTILITIES	CABLE/OTHER UTILITIES	IS HAZARDOUS MATERIALS PRESENT AND IN NEED OF REMOVAL? Yes [] No [] *See 40 CFR 61, Part M Attach Site Survey Analysis Call: (410)537-3200
	DISCONNECTED @ SITE? YES [] NO []	DISCONNECTED @ SITE? YES [] NO []	DISCONNECTED @ SITE? YES [] NO []	
	Confirmation Date:	Confirmation Date:	Confirmation Date:	

ZONING CERTIFICATION FOR THIS PERMIT WILL BE APPROVED BASED ON THE SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION. I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND THE SAME IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN DOING THIS WORK, ALL PROVISIONS OF THE TOWN OF BEL AIR BUILDING CODES AND LAWS OF THE STATE OF MARYLAND WILL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT. I WILL NOTIFY THE TOWN OF BEL AIR TWENTY-FOUR (24) HOURS IN ADVANCE, WHEN I AM READY FOR INSPECTIONS. NO WORK WILL BE CONCEALED UNTIL APPROVED. CONSENT IS HEREBY GIVEN FOR THE ENTRY OF AUTHORIZED INSPECTORS UNTIL THE JOB HAS RECEIVED A FINAL CERTIFICATE OF OCCUPANCY.

SIGNATURE OF APPLICANT DATE

CAUTION: A PERMIT WILL EXPIRE ONE (1) YEAR FROM DATE OF ISSUE UNLESS WORK IS STARTED AND DILIGENTLY PURSUED. Email copy to: MD Dept. of Environment (Latoya Reeder- demo.mde@maryland.gov)

Zoning Official: _____



TOWN OF BEL AIR BUILDING PERMITS DIVISION

Stephen D. Kline
Director of Public Works/Building Official

DEMOLITION / RENOVATION CHECKLIST

If you own a building constructed or significantly modified prior to 1990, it may contain asbestos. The OSHA regulation 29 CFR 1910.1101 requires owners to know the condition of asbestos in their buildings and if tenants and/or employees are being exposed. If you are planning a renovation or demolition, EPA regulations under National Emission Standards for Hazardous Air Pollutants (NESHAPS), 40 CFR 61, Part M require you to know the extent of asbestos in your building prior to the start of work.

- 1) ___ CONTRACTOR must be licensed by the State of Maryland. (Go to www.mde.state.md.us to apply for License to Remove/Encapsulate Asbestos in the State of Maryland.)
- 2) ___ **“Notification of Intent to Demolish Project Information”**: You must submit the enclosed form to the Department of the Environment & provide a completed copy to the Town of Bel Air:
MARYLAND DEPARTMENT OF THE ENVIRONMENT
Air and Radiation Management Administration / Asbestos Division
1800 Washington Boulevard, Ste 725
Baltimore, Maryland 21230-1720
(410) 537-3200 * 1-800-633-6101 * www.mde.state.md.us
- 3) ___ Submit one (1) site plan along with permit application.
- 4) ___ Notification to all adjoining property owners by certified/registered mail and copy of such written notice w/return receipt furnished to the Town.
- 5) ___ Notification from all utility companies (gas & electric, water, phone, cable, sewer (Town) – verbally or in writing that the service has been satisfactorily disconnected/turned of at the subject job site.
- 6) ___ MARYLAND DEPARTMENT OF THE ENVIRONMENT APPROVAL REQUIRED PRIOR TO ISSUANCE (provide documentation).
- 7) ___ Pre-demolition meeting held with the Town Building Official.

JOB LOCATION: _____

PERMIT NO.: _____

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DEMOLITION/RENOVATION CHECKLIST REQUIREMENTS.

Witness (print name)

Authorized Agent/Owner (print name)

Witness (signature)

Authorized Agent/Owner (signature)

{Signed copy to be placed in Permit File}

National Emission Standards for Hazardous Air Pollutants (NESHAPS) 40 CFR 61, Part M

- YOU MAY NOT CONDUCT ASBESTOS REMOVAL OR ENCAPSULATION ACTIVITIES IN MARYLAND WITHOUT A VALID AND CURRENT ASBESTOS CONTRACTOR'S LICENSE. (Go to www.mde.state.md.us to apply for License to Remove/Encapsulate Asbestos in the State of Maryland.)
- YOU MUST SUBMIT THE ENCLOSED FORM TO DEPARTMENT OF THE ENVIRONMENT & PROVIDE A COMPLETED COPY TO THE TOWN OF BEL AIR:

“Notification of Intent to Demolish Project Information”

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Air and Radiation Management Administration / Asbestos Division
1800 Washington Boulevard, Ste 725
Baltimore, Maryland 21230-1720
(410) 537-3200 * 1-800-633-6101 * www.mde.state.md.us

- YOU MUST PROVIDE documentation to the Town of Bel Air Building Official:
APPROVAL FROM THE MARYLAND DEPARTMENT OF THE ENVIRONMENT
prior to a demolition permit being issued by the Town.

**TOWN OF BEL AIR
BUILDING PERMITS DIVISION
Stephen D. Kline
Director of Public Works/Building Official
(410) 638-4546**

Notification of Intent to Demolish
Project Information

Structure Owner

Structure Information

Name: <input type="text"/>	Building Name: <input type="text"/>
Address: <input type="text"/>	Address/Location: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>
Contact Name: <input type="text"/>	Age (years): <input type="text"/> Size (sq. ft.): <input type="text"/>
Phone Number: <input type="text"/>	Present Use of Building: <input type="text"/>
	Prior Use of Building: <input type="text"/>

Demolition Contractor: <input type="text"/>	Dates of renovation, demolition or fire training burn:
Address: <input type="text"/>	Start Date: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	End Date: <input type="text"/>

Means of Demolition:

Note: Federal regulations prohibit the intentional burning of any structure, including single-family homes, that have asbestos containing materials (ACMs), including floor tiles and exterior shingles.

Date of Inspection:

Note: You must inspect the structure of the presence of ACMs prior to demolition.

Are any ACMs present? Yes No

Friable materials (can be crumbled under ordinary hand pressure), usually associated with thermal systems or fire-proofing, must be removed by a licensed asbestos contractor before demolition. You may remove exterior shingles, with care, on your own. Call your local Health Department or landfill for disposal instructions.

MDE Sign-Off:

MDE Sign-Off Date: