



DEMOLITION PLANNING CLEARANCE APPLICATION

A clearance from the Director of Planning is required prior to obtaining demolition permits from the Permit Services Center. Submit this form when applying for a *demolition building permit* from the Permit Services Center.

DATE _____

Please PRINT or TYPE all information

PART 1 – PROPERTY INFORMATION

A. Address of property for which demolition is requested _____

PART 2 – APPLICANT INFORMATION

A. _____
(First Name) (Last Name)

B. _____
(Street Address) (City) (State) (Zip Code) (Area Code - Phone Number)

C. Check one box - Architect Builder/Developer Consultant Owner Other _____

D. _____
(Signature - if other than property owner) (Date)

PART 3 – BUILDING STATUS INFORMATION

A. Was the proposed *demolition approved* by any of the following?

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Design Review Board | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Historic Preservation Commission | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Redevelopment Agency | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| City Council | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If "Yes," take this application to the Planning Department, 633 E. Broadway, **Rm. 103** for sign-off.

B. Is the building to be demolished *30 years old or older*? Year built _____

Yes No

If "No," take this application to the Permit Services Center, 633 E. Broadway, **Rm. 101, Counter 6** for sign-off from a Planner.

Information on date built can be obtained from building permit files, title companies, or from the County Assessor at www.lacountyassessor.com

3) Is the building listed on the *Glendale Register of Historic Resources*?

Yes No

If "Yes," and demolition has **NOT** been approved by the Historic Preservation Commission, **DO NOT SUBMIT THIS FORM**. Submit a Demolition of Historic Structures and a Design Review application (for replacement construction) at the Permit Services Center, 633 E. Broadway, **Rm. 101, Counter 6**.

FOR STAFF USE ONLY

One of the three below signatures, as applicable, must be completed to approve this form.

PERMIT SERVICES STAFF SIGN-OFF (If questions 1-4 are "No")

Zoning Planning Clearance Signature _____ **Date** _____

DRB PLANNER SIGN-OFF (If question 1 is "Yes")

Date demolition approved _____
Mitigation measure/s fulfilled Yes No
Date appeal period ends _____

DRB Planner signature _____ **Date** _____

PLANNING DIRECTOR'S CLEARANCE (If question 1 is "No" and either question 2, 3 or 4 is "Yes" **one of the following must be satisfied**)

- 1) Demolition is exempt from CEQA and the site has been posted (see below) Yes No

- 2) Demolition is subject to CEQA review through an Initial Study, appropriate documentation and review is complete, the site has been posted, and mitigation measures have been met Yes No

Conditions of approval _____

Posting (minimum seven days)

- 1) On-site By _____ Date From _____ Date To _____
- 2) On bulletin board outside City Hall By _____ Date From _____ Date To _____

Fee Paid _____ Date _____
Appeal Lodged _____ Date _____
Council Decision _____ Date _____

Planning Director's Signature _____ **Date** _____

City of Glendale
Public Works Division, Engineering Section
633 East Broadway Room 205, Glendale, California 91206-4388
Tel. No. (818) 548-3945 Fax No. (818) 242-7087

NPDES¹ Certification

As the project Owner/Developer, I certify that the following minimum requirements and/or Best Management Practices (BMPs) are effectively implemented at this(ese) construction site(s):

- Sediments generated on the project site shall be retained using adequate treatment control or structural control;
- Construction related materials, wastes, spills, or residues shall be retained at the project site to avoid discharge to streets, drainage facilities, receiving waters or adjacent properties by wind or runoff;
- Non-storm water runoff from equipment and vehicle washing and any other activity shall be contained at the project site; and
- Erosion from slopes and channels shall be controlled by implementing an effective combination of BMPs such as the limiting of grading during rain events, planting and maintenance of vegetation on slopes, and covering erosion susceptible slopes.

I am aware that these BMPs if applicable, must be installed, monitored, and maintained to ensure their effectiveness. The BMPs not selected for implementation is considered redundant or deemed not applicable to the proposed construction activities.

Construction Site Address: _____

County Assessor Parcel Nos.: _____

Building/Grading Permit Nos.: _____

Applicant/Developer: _____

Property Owner: _____

Contractor: _____

State Contractor License No.: _____

Signed: _____ Date: _____

Title: _____

¹ National Pollutants Discharge Elimination System (NPDES) is the engine of the Clean Water Act that protects the receiving waters. The City of Glendale as a Permittee to the NPDES Municipal Storm Water and Urban Runoff Discharges Permit issued by the Los Angeles Regional Water Quality Control Board implement a program to control runoff from construction activity at all construction sites less than one acre within its jurisdiction.

Fact sheets or BMP brochures that may be used to guide Owners and Developers to meet these requirements are available at the counter. For details and design criteria of these BMPs, you may refer to the California Stormwater BMP Construction Handbook, 1993, available only to permit applicants for \$15 at the Engineering counter in Room 204.



CITY OF GLENDALE - BUILDING AND SAFETY
 633 E. Broadway, Room 101
 Glendale, CA 91206 - (818) 548-3200, 548-4830 (Inspection)

Plan Check No. BBP _____

BUILDING PERMIT WORKSHEET

Permit No. B () _____

Separate applications are required for Electrical, Plumbing, Heating/Air Conditioning, Fire Sprinklers, Zoning Use Certificate and Signs
 Please complete the section below clearly, legibly and in ink

PROJECT ADDRESS, CITY AND ZIP _____ UNIT (SUITE) NO. _____

BLDG TYPE	<input type="checkbox"/> DWELLING/DUPLEX	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RECREATIONAL	SCOPE OF CONSTRUCTION	<input type="checkbox"/> NEW STRUCTURE	<input type="checkbox"/> ALTERATION/REPAIR
	<input type="checkbox"/> APARTMENT/CONDO	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> PUBLIC ADMIN/UTILITY		<input type="checkbox"/> ADDITION	<input type="checkbox"/> DEMOLISH STRUCTURE

DESCRIPTION OF CONSTRUCTION ACTIVITY

COST OF CONSTRUCTION _____ CHECK THIS BOX IF WORK HAS
 (includes all fixed equipment, electrical, plumbing, mechanical and labor costs. This may be revised by the building official.) \$ ALREADY STARTED. Double the permit fee will be charged for legalization.

Check one for the primary contact	<input type="checkbox"/>	APPLICANT'S NAME	MAILING ADDRESS	BUS. PHONE NO.
	<input type="checkbox"/>	PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.
	<input type="checkbox"/>	LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:		
		NAME:		LICENSE NO.
		MAILING ADDRESS:		PHONE NO.

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	MAILING ADDRESS	PHONE NO.
LICENSE CLASS AND NUMBER	CONTRACTOR SIGNATURE	

STAFF USE ONLY BELOW THIS LINE

ASSESSORS PARCEL NO.	LEGAL DESCRIPTION TRACT NO.	BLOCK	LOT	SECTION MAP NO.	PARCEL ZONE	LOT DIMENSIONS	LOT AREA
PROPOSED USE OF BUILDING				NO. OF EXISTING BUILDINGS ON PARCEL AND RESPECTIVE USES			
USE OF SPACE		OCCUPANCY DESIGNATION		FLOOR AREA (BLDG)		OCCUPANCY LOAD	FIRE ZONE 4 <input type="checkbox"/>
BEDROOMS	DWELLING UNITS	FIRE SPRINKLERS	HEIGHT (BLDG)	STORIES	BASEMENT	MEZZ.	SPECIAL INSP. <input type="checkbox"/>
FLOOR AREA (ZONING)	HEIGHT (BLDG)	PARKING PROVIDED	PARKING REQUIRED	CASES, ORDINANCES, VARIANCES.			

STAFF COMMENTS, (INITIALS) _____

 PLAN REQUIRED
 PLOT PLAN ATTACHED
 NEW CERT. OF OCCUPANCY

OK TO SUBMIT/EXPRESS BY:	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	P.C. FEE
					Y N
<input type="checkbox"/> ENGINEERING	DATE	P.W. EASEMENTS		P.L. TO CURB FACE	ACCESSIBILITY
<input type="checkbox"/> ZONING	DATE	<input type="checkbox"/> P.S. WATER	DATE		Y N
<input type="checkbox"/> FIRE/INDUSTRIAL WASTE	DATE	<input type="checkbox"/> P.S. ELECTRIC	DATE		Y N
<input type="checkbox"/> DESIGN REVIEW	DATE	<input type="checkbox"/> AGENCY	DATE		Y N
<input type="checkbox"/> AGENCY	DATE	<input type="checkbox"/> AGENCY	DATE		Y N
BLDG. PLAN CHECK	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	SUPP. P.C. FEE
					Y N
OK TO ISSUE PERMIT BY:	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	PERMIT FEE
					Y N

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE BUILDING PERMIT TO THE PROPERTY OWNER OR LICENSED GENERAL CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. ANY PERSON SIGNING THE PERMIT APPLICATION AS AGENT FOR THE OWNER OR CONTRACTOR SHALL HAVE AN ORIGINAL LETTER OF AUTHORIZATION AT THE TIME OF PERMIT ISSUANCE. APPLICATIONS SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER, ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL. UPON WRITTEN REQUEST FROM THE APPLICANT, THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION.

ADDRESS: _____

PERMIT NO. _____

Please Draw a Plot Plan: Locate all structures on lot





CITY OF GLENDALE — BUILDING AND SAFETY

633 E. Broadway, Room 101 Glendale, CA 91206

(818) 548-3200, (818)548-4837 (Inspection)

PLUMBING PERMIT WORKSHEET

Permit No. BP

Please complete the section below clearly, legibly and in ink.

Job Address (Include Zip Code)				Work Description (Fill all that apply and specify quantity) ___ \$33.00 Issuance Fee ___ Technological Surcharge of 10% will Apply to Permit and Plan Check Fees ___ \$22.00 Supplemental Permit to _____ ___ \$38.00 Minimum Inspection Fee (If fees below add up to less than \$37.44) ___ \$ _____ Plan Check (50% of Permit Fee, Minimum of \$71.00) ___ \$11.00 Toilet ___ \$11.00 Sink ___ \$11.00 Bathlbat ___ \$11.00 Shower/Shower Pan ___ \$11.00 Garbage Disposal ___ \$11.00 Clothes Washer ___ \$11.00 Dishwasher ___ \$16.99 Residential Water Softener ___ \$7.66 Lawn Sprinkler System ___ 0 - 5 (Vacuum Breaker) ___ \$11.00 Drinking Fountain ___ \$22.30 Water Heater (each and/or vent) ___ \$11.00 Floor Drain (*) or Drain ___ \$11.00 Urinal ___ \$11.00 Other Fixtures ___ \$11.00 Exterior Water Service, New or Replacement ___ \$19.11 Boiler Steam or Hot Water Industrial Equipment ___ \$71.00 Industrial Waste Interceptor (*) ___ \$71.00 Grease Trap (*) ___ \$5.47 Backflow Protective Device, Each ___ \$28.00 Dental Chairs, Each (*) ___ \$28.00 Special Equipment, Per Piece of Equipment (*) ___ \$11.00 Miscellaneous Items, Each Re-pipes (Single Family Dwelling) ___ \$33.00 1 Bathroom ___ \$49.00 2 Bathrooms ___ \$66.00 3 Bathrooms ___ \$82.00 4 or More Bathrooms Re-pipe (Multi-Family Dwelling - Per Unit) ___ \$66.00 2 Bathrooms or less (Per Dwelling Unit) ___ \$82.00 Greater than 2 Bathrooms (Per Dwelling Unit) Re-pipe (Non - Residential - Per Floor or Story) ___ \$82.00 Less Than 10,000 Sq. Ft. (Per Floor or Story) ___ \$165.00 10,001 Sq. Ft. - 100,000 Sq. Ft. (Per Floor or Story) ___ \$274.00 Greater Than 100,000 Sq. Ft. (Per Floor or Story) Gas Systems ___ \$5.47 Low Pressure, Each Outlet ___ \$71.00 Medium Pressure, Added to Outlet Charge (*) ___ \$71.00 Proprietary System, Added to Outlets Drain & Waste Systems ___ \$28.00 Building Sewer ___ \$38.00 Sewer Connection C # _____ ___ \$11.00 Repair Drain Line, Per Fixture on Line ___ \$71.00 Sewer Cap / Cesspool ___ \$11.00 Rainwater System, For Each Drain Inside The Building ___ \$17.00 Sump Pump / Sewer Ejector ___ \$7.66 Temperature and/or Pressure Relief Valve / Hi-Temp Limit Device ___ \$ _____ Other _____ (Refer to Fee Schedule)			
Permit Information Is this work related to a Building Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Has work started? <input type="checkbox"/> Yes <input type="checkbox"/> No (Double the permit fee will be charged for legalization)				Any Combination of 10 new fixtures requires plan check (*)			
Describe where the work will be done & fill out the work description on the right side of this application.							
Applicant's Name		Phone ()					
Address (Include City and Zip Code)							
Property Owner's name		Phone ()					
Address (Include City & Zip Code)							
E-Mail Address							
Licensed design professional or engineer Information:							
Name		Phone ()					
Address (Include City & Zip Code)							
E-Mail Address							
APN		Lot					
Tract		NAICS/Structure Use					
Floor Area		Above Grade		Below Grade Mezz Type of Const.			
Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No		Edition of the Code					
CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.							
Contractor's Name		Phone ()					
Address (Include City & Zip Code)							
E-Mail Address							
State License No.		Exp. Date		City License No. Exp. Date			
Contractor's Signature							
FOR OFFICE USE ONLY							
Comments							
P.C. Processed By				Receipt No.			
Processed By				Receipt No.			

**BEST MANAGEMENT PRACTICE REQUIREMENTS FOR
DEMOLITION AND CONSTRUCTION**

SAND BAG / SILT FENCE

STABILIZED ENTRANCE

DUST CONTROL

COVER MATERIAL AND SPOILS PILE

COVERED TRASH CONTAINER

STREET SWEEPING

STORM DRAIN FABRIC FOR INLET PROTECTION

HILLSIDE EROSION CONTROL

DE-SILT WATER BEFORE PUMPING FROM JOB SITE TO SEWER

WASH OUT AREA FOR CEMENT PRODUCTS AND TOOLS

LIQUID STORAGE AREA

VACUUM SAW CUT SPOILS

**IF CONSTRUCTION AREA IS ONE ACRE OR MORE THE
FOLLOWING IS ALSO REQUIRED**

NOTICE OF INTENT (NOI)

www.swrcb.ca.gov/stormwtr/construction.html

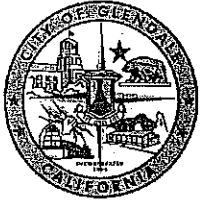
BEST MANAGEMENT PRACTICES (BMP)

STORMWATER POLLUTION PREVENTION PLAN (SWPPP)

www.cabmphandbooks.com

QUESTIONS CALL ENVIRONMENTAL MANAGEMENT

@ 818-548-3900



CITY OF GLENDALE
PERMIT SERVICES CENTER
633 EAST BROADWAY ROOM 101 (818) 548-3200

PROCEDURES TO OBTAIN A DEMOLITION PERMIT

- 1.0 A clearance from the Director of Planning is required prior to obtaining demolition permits from the Permit Services Center. See attached Demolition Planning Clearance Application and complete forms.
- 2.0 A plumbing permit to cap the sewer is also required prior to obtaining the demolition permit for the building.
Note:
Planning department approval is required for the plumbing permit to cap sewer.
- 3.0 After the sewer line is capped and utilities removed, an inspection will be required by the inspections office. Call 818-548-4830 for final inspection of the plumbing permit.
- 4.0 Bring the "Blue Card" from the plumbing inspector to Permit Services Center (Room 101) and complete attached building permit worksheet.
Note:
Planning department approval is also required for the building permit.
- 5.0 A building permit is required to demolish a building. Attach to the building permit worksheet an 8-1/2" x 11" plot plan and indicate the total square footage of each structure to be demolished and the type of building (SFD, MFD, RETAIL, COM, ETC.) and if residential the number of units and number of bedrooms in each unit.
Note:
A separate building permit is required for each separate structure that is being demolished on the lot.
- 6.0 Applicant/Owner shall complete the Construction and Demolition Debris Recycling Program application forms prior to obtaining the demolition permit.
Note: A deposit maybe required.
- 7.0 Contractor shall fill out and sign the NPDES certification form prior to issuance of the building permit to demolish the structure. See also attached Best Management Practice for Construction and Demolition.