



Development Services
Building Division
17575 Peak Ave
Morgan Hill, CA 95037-4128
Phone: (408)778-6480
Email: Permits@morganhill.ca.gov

DEMOLITION PERMIT APPLICATION PACKAGE

1. PERMIT PROCESS

- a. Contact the Planning Division to verify that the structure is less than (45) five years old and not a Historical Building.
- b. Application: Complete and submit a Building Permit application form.
- c. Affidavit: Complete and submit a Demolition Affidavit form.
- d. Notice: Complete and submit a Demolition Notice application form.
- e. Site/Demo Plan: Provide a site or demo plan showing structures to be demolished. Plan submittal should also include an erosion control plan and Construction Best Management Practices (BMP's).
- f. Asbestos: Obtain a Demolition Notification Form from the Bay Area Quality Management District at www.baaqmd.gov. Submit copy of BAAQMD permit (J#) to the City of Morgan Hill.
- g. Posting: Post a sign as defined on the Demolition Affidavit form attached.
- h. Submit a disconnect letter from PG&E.
- i. Submit a Construction Waste Management Plan form.

2. UTILITIES

- a. Contact PG&E at (877) 743-7782 for electric and gas disconnection
- b. Contact Verizon at (800) 483-1000 for telephone disconnection.
- c. Contact the Department of Public Works for sewer and water disconnection at (408) 776-7333.
- d. Contact the Santa Clara County Environmental Health Department at (408) 918-3400 for septic tank and well abandonment.
- e. Contact Charter Communication for cable TV disconnection at (866) 731-5420.
- f. Contact the Department of Public Works at (408) 776-7336, if work is being performed in the public right-of-way, or in the event of damage to public improvements.

For a list of Certified Asbestos Consultants go to: www.dir.ca.gov/dosh

3. FINAL INSPECTION REQUIREMENTS

- a. Abandonment of septic tanks and wells require a separate clearance from the Santa Clara County Department of Environmental Health.
- b. All rubble, including footings, slab on grade and all debris must be removed and the site graded.
- c. All water lines and sewer laterals shall be capped, staked and inspected prior to covering.
- d. A "***Final Inspection***" will be required for verification that all the above conditions have been met.

For additional questions, contact the Building Division at (408) 778-6480.



**Building and Fire
Permit Application**
Please Print Clearly

Building & Fire Prevention
17575 Peak Ave
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Email: Permits@morganhill.ca.gov

Building Address _____ Suite # _____
Assessor's Parcel # _____ Tract/PM # _____ Lot # _____
Geologic Hazard Zone: Yes No Flood Zone: Yes No Year Built _____

Property Owner:
Name _____
Mailing Address _____
City/State/Zip _____
Phone Number _____
Email _____
 Owner / Builder Owner w/ Contractor

Business Owner / Tenant:
Name _____
Mailing Address _____
City/State/Zip _____
Phone Number _____
Email _____

Architect / Designer:
Name _____
Mailing Address _____
City/State/Zip _____
Phone Number _____
Email _____
License # _____ Exp. Date: _____

Engineer:
Name _____
Mailing Address _____
City/State/Zip _____
Phone Number _____
Email _____
License # _____ Exp. Date: _____

Contractor:
Name _____
Mailing Address _____
City/State/Zip _____
Phone Number _____
Email _____
State License # _____ Exp. Date: _____
MH Bus. License # _____ Exp. Date: _____

Workers' Compensation Information:
Carrier _____
Name of Agent _____
Phone Number _____
Policy # _____ Exp. Date: _____

Residential Commercial / Industrial Type: New Addition Alteration Repair Demolition

Description of Proposed Work: _____

Construction Valuation \$ _____
(Labor & Material)

Commercial Floor Area _____ (sq ft)	Number of Units _____	Existing Fire Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Floor Area _____ (sq ft)	Number of Stories _____	
Garage Floor Area _____ (sq ft)	Number of Bedrooms _____	Grading: Cubic Yards Cut: _____
Deck _____ (sq ft)	Number of Bathrooms _____	Cubic Yards Fill: _____
Porch _____ (sq ft)	Type of Construction _____	
Patio Cover _____ (sq ft)	Occupancy Group _____	
Accessory Structure _____ (sq ft)	Occupancy Load _____	

Office Use Only

Date Submitted: _____ Permit #: _____ Master Plan #: _____
Plan Check Fee: _____ LRP Fee: _____ Total: _____

Check Applicable

Building Electrical Mechanical Plumbing Grading Fire

Electrical Permit

No. Receptacles/Outlets: _____ No. Switches: _____ No. Lighting Fixtures: _____ Conduit Conductors
 Disconnect EV Charger Generator Irrigation Pedestal Meter Upgrade/Repl.: _____ Amps Motors
 PV System PV Battery Backup _____ No. Pool Pump Sign Spa Sub Panel/Load Center: _____ No.
 Temp Power Pole Temp Service Panel Temp Power Distribution System Other _____

Mechanical Permit

Condensing Unit (A/C) _____ No. Ducts Evaporator Coil Fans Furnace: _____ No. Gas Fireplace
 Kitchen Hood Pool Equipment Other _____

Plumbing Permit (Note: Additional Commercial Plumbing Maybe Be Subject To Public Works Impact Fees)

Re-pipe Fixtures: No. Sinks _____ No. Tubs _____ No. Showers _____ No. Toilets _____ No. Traps _____
 Back Flow Building Sewer Gas Test Gas Line Gas Meter Upgrade Thermal Solar Roof Drain
 Sewer Drain Sewer Lateral Storm Drain Water Service Water Heater Other _____

Fire Permit (Note: All Fire permits issued separately from Building permits)

Residential Fire Sprinklers SFD/Townhome Apartment/Condo: No. of Apt/Condo Units: _____
Commercial Fire Sprinklers New Construction: _____ No. of Heads Tenant Improvement: _____ No. of Heads
 Fire Alarm: _____ No. of Devices Backflow: _____ No. Medical Gas System On-Site Hydrant: _____ No.
 Suppression System Underground Piping Other _____

Re-roof Permit (Note: Class 'A' Roof Is Required For Any Home(s) Inside The Fire Hazard Zone)

Removing _____ Installing _____ No. of Squares _____ Pounds of Felt _____
Life Time of Roof: 30yr. 40yr. 50yr. Sheathing Thickness _____ New Existing N/A

Plan Check Responses To Be Sent To (Please check only one)

Owner Architect / Designer Engineer Contractor E-mail Address: _____

Print Name _____ **Signature** _____ **Date** _____

For Office Use Only

Fees:

Building Permit	_____	Counter Plan Check	_____	Add't Plan Check	_____
Electrical	_____	LRP Fee 15% - PC	_____	Addressing	_____
Mechanical	_____	Microfilm	_____	Bldg Compliance	_____
Plumbing	_____	CBSC	_____	Inspection/RedTag	_____
Fire	_____	Seismic	_____	Photo Copies	_____
LRP Fee - 15%	_____	GIS - Technology	_____	Total Fees:	_____



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DEMOLITION AFFIDAVIT

This affidavit is to verify that the demolition sign has been posted as of _____ (date) in a conspicuous place, pursuant to Chapter 15.60, Demolition permit issuance prerequisites at _____, Morgan Hill, California.

A. SIGN REQUIREMENTS

The lettering size on the notice should be at least 2 inches high and contain the following words as shown below.

“NOTICE OF INTENDED DEMOLITION: ANY INTERESTED PERSON MAY APPEAL THE INTENDED DEMOLITION OF THIS BUILDING OR STRUCTURE BY WRITTEN APPEAL FILED WITH THE BUILDING OFFICIAL OF THE CITY OF MORGAN HILL, FIFTEEN (15) DAYS FROM THE DATE OF POSTING HEREOF, BUT NOT AFTER THE FIFTEENTH (15TH) DAY FROM POSTING.”

(Applicant's Signature)

(Date Posted)

B. SUBMITTAL REQUIREMENTS

Submit a completed Demolition Affidavit, Notice of Demolition, & Permit Application to the Building Division to start the application process.

(Office Use)

Posting Verification: _____
(Employee's Name)

Date: _____



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DEMOLITION NOTICE

Site Address: _____

Owner Name: _____

BAAQMD notice received? (yes)_____ (no)_____

I hereby declare that the written asbestos notification to BAAQMD is not required for the demolition described in this application.

Signature of applicant

Date

Bay Area Air Quality Management District address:
BAAQMD, Enforcement Division
939 Ellis Street
San Francisco, CA 94109
Phone No. (415) 749-4762

I certify that I am aware that the City of Morgan Hill may not issue a demolition permit to demolish said structure until applicant has demonstrated exemption or compliance with the notification of National Emission Standards for hazardous air pollutants.

Signature of applicant

Date



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Construction Waste Management (CWM) Plan

Newly constructed buildings and demolition projects shall divert from landfills at least 65% of the construction materials generated during the project. All additions and alterations to non-residential and residential buildings or structures shall divert from landfills at least 65% of nonhazardous construction and demolition materials.

Note: A construction waste management plan must be submitted to the Building Division prior to permit issuance.

Project Address: _____					
Permit Number: _____					
Project Manager: _____					
WASTE MATERIAL TYPE	REUSE	RECYCLE	DISPOSAL	HAULER	MATERIAL DESTINATION
Asphalt					
Concrete					
Shotcrete					
Metals					
Wood					
Rigid insulation					
Fiberglass insulation					
Acoustic ceiling tile					
Gypsum drywall					
Carpet/carpet pad					
Plastic buckets					
Plastic					
Hardiplank siding and boards					
Glass					
Pallets					
Job office trash, paper, glass & plastic bottles, cans, plastic					
Alkaline and rechargeable batteries, toner cartridges, and electronic devices					
Other:					
EXAMPLE: Metal		X		ACME Hauling	Top Flight Recycling



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Construction Waste Management Acknowledgment

- Save **ALL** weight receipts from jobsite waste materials that were hauled away for reuse, recycling or disposal.
- Final Report must be submitted to the Building Division prior to Final Inspection. Final Report must include all hauling weight tickets/receipts.
- Notify ALL subcontractors of the project's waste management plan.

- I understand that 65% of the waste material from this project must be recycled.
- I will save all landfill and recycling center weight receipts from hauling construction and demolition debris.
- I will put forth a good faith effort to ensure that a minimum of 65% of the debris from this project will be recycled.
- I will submit a Final Report with weight receipts to the City before scheduling the final inspection.

Name: _____

Signature: _____

Date: _____