



Demolition Waste Application and Release Authorization

FOR OFFICE USE ONLY

Date Received: _____

Check Number: _____

Field 1: _____

Important: Please refer to back of application for further instructions. One application should be submitted for each address that will be demolished with a \$50.00 application fee for each structure that is 120 square feet and larger. Payment by mail may be in the form of a check or money order made payable to St. Louis County Department of Health. *Blank spaces are not permitted. If any item is not applicable (N/A) the space should be marked accordingly. Allow for a minimum of seven (7) working days to process.*

Site Information (Regis #):

County Locator ID #: _____

Street Address _____ Zip code _____ Municipality _____ Owner Occupied Yes No

Date of demolition: ____/____/____ No. of Structures (≥120 ft²): _____ Commercial: Yes No If yes, complete a Commercial Property checklist

Type of Structure: _____

Applicant/Contractor Information

Applicant: _____ Phone # (____) _____

Applicant Contact Name (Printed) _____ Email _____

Street Address: _____ City _____ State _____ Zip Code _____

Demolition Contractor: _____ Phone # (____) _____

Hauling Company: _____ County ID# _____ Phone # (____) _____

Disposal Facility: _____ Phone # (____) _____

Approved Application Pick-up Option: Phone Call _____ Email MailRecycling plan: Yes No If yes, list materials for recycling _____I would like additional information on demolition waste recycling Yes No**Applicant Signature**

I certify that I have read the regulations provided with this application and shall abide by said rules. That the information I have provided is true to the best of my knowledge.

Applicant Signature _____ Date _____

OFFICE USE ONLY

The Saint Louis County Department of Health does hereby certify that the applicant stated herein has satisfied all departmental requirements and is approved for said Demolition.

Approved: _____
DOH Waste Management Agent SignatureApproved: _____
DOH Air Pollution Control Agent Signature_____
DOH WMP Agent (Print Name) Date_____
DOH APCP Agent (Print Name) Date


6121 N. Hanley Road, Berkeley, MO 63134 * Phone 314/615-8924* Fax 314/615-8951

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St. Louis County Department of Public Health
Environmental Services Division

DEMOLITION WASTE APPLICATION AND RELEASE AUTHORIZATION

|  | COMMERCIAL | RESIDENTIAL | |
|---|---|--|---|
| | Commercial or Residential Buildings Having 5 or More Dwelling Units | Residential structures >120 ft ² (<5 dwellings) On one parcel of land | Residential structures >120 ft ² (<5 dwellings) On 2 or more parcels of land-Part of a project |
| Demolition Waste Application and Release Authorization Form* | ✓ (\$50.00 Fee per Structure) | ✓ (\$50.00 Fee per Structure**) | ✓ (\$50.00 Fee per Structure) |
| Asbestos NESHAP Notification of Demolition and Renovation Form | ✓ (\$100.00 Fee per Structure) | | ✓ (\$100.00 Fee per Structure) |
| Asbestos Inspection Report | ✓ (Abatement Required prior to demolition) | ✓ (Abatement Required prior to demolition) | ✓ (Abatement Required prior to demolition) |
| Commercial Checklist | ✓ | | |

* Structures less than 120 square feet are exempt from requirement to apply for and obtain demolition authorization only.

** \$50.00 fee is not applicable when owner is performing the demolition.

The following is a list of regulations that apply to all demolitions (this list is not inclusive of all local, state and federal regulations that may apply):

607.130 Demolition and Construction Waste

607.250 Design and Construction of Vehicles and Mobile Waste Containers Used to Transport Waste

607.250 Waste Must be Deposited at a Licensed landfill, Licensed Waste processing Facility, Licensed Transfer Station, Licensed Compost Facility, or Licensed yard By-Product Compost Facility

607.865 Application for Generation of Demolition Waste

10 CSR 10-6.170 Restriction of Particulate Matter to the Ambient Air Beyond the Premises of Origin