



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.**

4) Is this building a *“Contributing Structure”* in a designated historic district overlay zone?

Yes ☐ No ☐

If **“Yes,”** and demolition has **NOT** been approved by the Design Review Board, **DO NOT SUBMIT THIS FORM** at this time. Submit a Demolition of Historic Structures application. If replacement construction is planned, also submit a Design Review application at the Permit Services Center, 633 E. Broadway, **Rm. 101, Counter 6.**

IF ALL ANSWERS TO 1-4 ABOVE ARE “NO,” submit this form at the Permit Services Center, 633 E. Broadway, Rm. 101, Counter 6 (do not answer Part D, below).

IF THE ANSWER TO QUESTION 1 ABOVE IS “NO” AND THE ANSWER TO EITHER QUESTION 2, 3 OR 4 IS “YES,” THEN ANSWER PART D BELOW, ATTACH PHOTOS, AND SUBMIT THIS FORM at the Permit Services Center, 633 E. Broadway, Rm. 101, Counter 6.

PART D – ADDITIONAL PROPERTY/BUILDING INFORMATION

- 1) Purpose of demolition _____
- 2) Describe each building to be demolished (include 4” x 6” photos of all buildings from all sides) _____

- 3) List the year built for all buildings to be demolished (include source of information) _____

- 4) Legal description and Tax Assessor’s Parcel Number of each property to be demolished _____

Note: Failure to furnish the above information will delay action on the request.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION:

1. _____	2. _____
Property Owner’s Name – Please Print	Property Owner’s Name – Please Print
_____	_____
Property Owner’s Signature/s	Property Owner’s Signature/s
_____	_____
Property Owner’s Street Address if not applicant	Property Owner’s Street Address if not applicant
_____	_____
City State Zip Code	City State Zip Code
_____	_____
Phone No. Date	Phone No. Date

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** _____

NPDES¹ Certification

As the project **Owner/Developer**, I certify that the following minimum requirements and /or Best Management Practices (BMP's) 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 and 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 Room 204.

COMPLIANCE ADVISORY FOR ASBESTOS CONTRACTORS

Starting November 1, 2016, all Rule 1403 Asbestos Removal and Demolition Notifications must be submitted to SCAQMD through a new web-based online application.

The South Coast Air Quality Management District (SCAQMD) has established new procedures for the submittal of Rule 1403 Asbestos Removal and Demolition Notifications and related payments.

On and after November 1, 2016, asbestos contractors will be required to submit all Rule 1403 Asbestos Removal and Demolition Notifications and fee payments (via E-Check or accepted credit or debit card) to SCAQMD online ONLY; no applications submitted to SCAQMD via fax or email will be accepted after October 31, 2016.

Prior to submitting online Rule 1403 Notifications to SCAQMD, asbestos contractors must first complete an **online registration process**. To comply with EPA's Cross-Media Electronic Reporting Rule (CROMERR) standards, the identity of the person registering must be confirmed and his/her signature on the registration packet witnessed and stamped by a Notary Public. The asbestos contractor is responsible for payment of any service fee charged for notarization of documents.

Registration

Rule 1403 requires that all Notifications include a signed certification that at least one person trained as required in subparagraph (d)(1)(G) will supervise the stripping and removal described by (the) notification. In order to be able to sign an electronic document and comply with this section of Rule 1403, the Environmental Protection Agency (EPA) requires that representatives of Abatement and Demolition companies that will be submitting Notifications to the SCAQMD must complete a Registration package and submit it, by mail, to the SCAQMD. The EPA's requirements for being able to sign documents electronically are titled Cross-Media Electronic Reporting Rule (CROMERR), and can be found

at <https://www.epa.gov/cromerr>.

The Registration package will include a wet signature block and associate that signature with login credentials for the Rule 1403 Notification Web Application, thereby linking those login credentials with that wet signature. The signature **MUST** be witnessed and stamped by a Notary. Staff at the SCAQMD will review the Registration package to verify that the person submitting the package is authorized to represent the Abatement and/or Demolition Company and sign Notifications electronically when a user uses those login credentials.

To view a PDF document with step-by-step Registration screen captures, please click this link:

[Rule 1403 Web App Registration, Step-by-step](#)

To begin the Registration process, please click the Registration link:

[Rule 1403 Notification Web Application Registration.](#)

To view screen captures of a Notification being created in the New Rule 1403 Notification Web Application, please click this link:

[Rule 1403 Notification Web App \(Asbestos Removal Notification\)](#)

Registering for SCAQMD's Rule 1403 Notification System

1. **Go Online:** Click the link: [Rule 1403 Notification Web Application](#), click “Not Registered? Create an Account”, complete the information as requested and print the registration materials.
2. **Complete the Subscriber's Agreement (see below for instructions)** Locate the Subscriber's Agreement in the printed registration materials. This document is to be completed by all users. Some portions of the document require handwritten entries; the document must also be signed in the presence of a Notary Public. See the **Completing the Subscriber Agreement** section below for more information.
3. **Complete the Signing Authoring Agreement (see below for instructions)** Locate the Signing Authority Agreement in the printed registration materials. This document is to be completed and signed only by individuals signing and submitting the Notifications for their company. See the **Completing the Signing Authoring Agreement** section below for more information.
4. **Mail the completed, notarized registration package to SCAQMD** via USPS, UPS, FedEx, DHL, etc., at:
Rule 1403 Notification
Electronic Reporting Verification
South Coast AQMD
21865 Copley Dr.
Diamond Bar, CA 91765

SCAQMD Review SCAQMD staff will review each registration package to verify that the person submitting the package is authorized to represent and sign Notifications electronically for the abatement and/or demolition company with the user's login credentials.

SCAQMD Approval SCAQMD staff will acknowledge by email the successful completion of the registration process and provide authorization to submit online Rule 1403 Notifications to SCAQMD.

If you have questions about registration or electronic submittal of Rule 1403 Notifications, please contact Christopher Ravenstein, Staff Specialist, Toxics & Waste Management, SCAQMD, at cravenstein1@aqmd.gov.



CITY OF GLENDALE — BUILDING AND SAFETY

633 E. Broadway, Room 101 Glendale, CA 91206

(818) 548-3200, (818) 548-4830 (Inspection)

PLUMBING PERMIT WORKSHEET

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

Permit No. BP

ALL RATED WALLS & FLOORS SHALL BE SHOWN ON THE PLUMBING PLANS PRIOR TO SUBMITTAL. IDENTIFY THE RATING AND LOCATION OF ALL PENETRATIONS.

Job Address (Include Zip Code)		Work Description (Fill all that apply and specify quantity)	
Permit Information Is this work related to a Building Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No 15% Energy surcharge <input type="checkbox"/> Yes <input type="checkbox"/> No 15% Green Building surcharge \$103.00 Minimum Inspection Fee (If the total inspection fees equal less than the minimum inspection fee specified, the minimum inspection fee shall apply). (Hrs.) Supplemental / Revision Plan Review Fee \$77.00 Supplemental Permit to Plan Check (50% of Permit Fee, Minimum of \$81.90)	
Describe where the work will be done & fill out the work description on the right side of this application.			
Applicant's Name		If paying with a credit/debit card a 2.5% non refundable surcharge will be assessed to your total.	
Address (Include City and Zip Code)			
E-Mail Address:			
Property Owner's name			
Address (Include City & Zip Code)			
E-Mail Address:			
Licensed design professional or engineer Information:			
Name			
Address (Include City & Zip Code)			
CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby 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			
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			
APN		Lot	
Tract		NAICS/Structure Use	
Floor Area	Above Grade	Below Grade	Mezz
Fire Sprinkler	Type of Const.		
Edition of the Code			
Comments			
P.C. Processed By:			
Date:			
Receipt No.			
Expiration Date:			
P.C. Approved By:			
Date:			
Processed By			
Date:			
Receipt No.			
Note: Any item having this mark (*) may require plan check for multi-family (3 or more units) & commercial buildings. (Any combination of 10 new fixtures; facilities requiring Health Dept. or Industrial Waste approval, i.e. medical & dental facilities restaurants, markets, and any establishment that sells or prepares food on or off site; and systems with sewage ejection pumps/industrial waste interceptor)			

\$77.00	Issuance Fee
\$12.40	Toilet
\$12.40	Sink
\$12.40	Bathtub
\$12.40	Shower/Shower Pan
\$12.40	Garbage Disposal
\$12.40	Clothes Washer
\$12.40	Dishwasher
\$12.40	Residential Water Softener
\$8.60	Lawn Sprinkler System
\$12.40	0 - 5 (Vacuum Breaker)
\$12.40	Drinking Fountain
\$25.50	Water Heater (each and/or vent)
\$12.40	Floor Drain / Sink (*)
\$12.40	Urinal
\$12.40	Other Fixtures
\$12.40	Exterior Water Service, New or Replacement
\$25.20	Boiler Steam or Hot Water
\$81.90	Industrial Waste Interceptor (*)
\$81.90	Grease Trap (*)
\$6.20	Backflow Protective Device, Each
\$31.70	Dental Chairs, Each (*)
\$31.70	Special Equipment, Per Piece of Equipment (*)
\$12.40	Miscellaneous Items, Each
\$37.40	1 Bathroom Dwelling
\$56.30	2 Bathrooms Dwelling
\$76.20	3 Bathroom Dwelling
\$94.40	4 or More Bathroom Dwelling
\$76.20	2 Bathrooms or less per Dwelling Unit
\$56.30	Greater than 2 Bathrooms per Dwelling Unit
\$94.40	Less Than 10,000 Sq. Ft. (Per Floor or Story)
\$190.10	10,001 Sq. Ft. - 100,000 Sq. Ft. (Per Floor or Story)
\$315.50	Greater Than 100,000 Sq. Ft. (Per Floor or Story)
\$247.20	Multi-Family: Kitchen & up to one Bathroom (Per Unit)
\$31.70	Multi-Family: Additional Bathrooms
\$12.40	Low Pressure, Each Outlet
\$81.90	Medium Pressure, Added to Outlet Charge (*)
\$81.90	Proprietary System, Added to Outlets
\$31.70	Building Sewer
\$43.10	Sewer Connection C #
\$12.40	Repair Drain Line, Per Fixture on Line
\$81.90	Sewer Cap / Cesspool
\$12.40	Rainwater System, For Each Drain Inside The Building
\$19.20	Sump Pump / Sewer Ejector
\$8.60	Temperature and /or Pressure Relief Valve / Hi-Temp Limit Device
\$	Other (Refer to Fee Schedule)

Any Combination of 10 new fixtures requires plan check (*)

ADDRESS: _____

PERMIT NO. _____

INSPECTIONS	APPRVD	DATE
PRESITE		
SHORING		
SETBACKS AND YARDS		
UFER		
TRENCH AND FORMS REINFORCING STEEL		
SETBACK & ELEVATION SURVEY		
OK TO POUR FOOTINGS		
DO NOT POUR FOOTINGS UNTIL ABOVE IS APPROVED		
OK TO GROUT CMU / P.I.P.		
OK REBAR SHOTCRETE WALL		
HVAC GROUNDWORK / U.F.		
ELECTRICAL GROUNDWORK / U.F.		
PLUMBING GROUNDWORK / U.F.		
GAS PIPING GROUNDWORK / U.F.		
FIRST FLOOR JOISTS		
UNDER FLOOR INSULATION		
OK TO POUR SLAB FLOOR		
DO NOT POUR CONCRETE FLOOR SLAB OR COVER FIRST FLOOR JOISTS UNTIL ABOVE IS APPROVED		
ROUGH ELECTRIC		
ROUGH PLUMBING		
DUCTS		
ROUGH HEATING OR REFRIG.		
ROUGH GAS PIPING		
ROOF SHEATHING		
ROUGH FRAMING AND ROOF		
ALARM ROUGH		
FLOOR NAILING		
T-BAR <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical		
INSULATION		
OK TO COVER		
DO NOT COVER UNTIL ABOVE IS APPROVED		
LATHING <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		
DRYWALL		
BROWN COAT <input type="checkbox"/> Interior <input type="checkbox"/> Exterior		
SEWER - SEPTIC / TANK - CESSPOOL		
SERVICE RELEASE		
FINAL GAS		
FINAL PLUMBING		
FINAL ELECTRICAL		
FINAL HEATING OR REFRIGERATION		
ENERGY FINAL		
LANDSCAPE FINAL		
GRADING FINAL		
ELECTRICAL SERVICE RELEASE		
FINAL-ENGINEERING		
FINAL SPRINKLER		
FINAL CENTRAL STATION		
FINAL FIRE ALARM		
FIRE PREVENTION FINAL		
FINAL BUILDING INSPECTION		

[illegible]



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

BUILDING PERMIT WORKSHEET

Separate applications are required for Electrical, Plumbing, Heating/Air
Conditioning, Fire Sprinklers, B R C, and Signs

Application No. B () _____

Please complete the section below clearly, legibly and in ink

PROJECT ADDRESS, CITY AND ZIP	UNIT (SUITE) NO.
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BLDG TYPE	<input type="checkbox"/> DWELLING / DUPLEX	<input type="checkbox"/> COMMERCIAL	SCOPE OF CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> NEW	<input type="checkbox"/> NO PLAN REQUIRED
	<input type="checkbox"/> APARTMENT / CONDO	<input type="checkbox"/> MIXED USE		<input type="checkbox"/> ALTERATION / REPAIR	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> NEW C OF O

DESCRIPTION OF CONSTRUCTION ACTIVITY

Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.)	Revised Valuation:	<input type="checkbox"/> CHECK THIS BOX IF WORK HAS ALREADY STARTED . Double the permit fee will be charged for legalization.
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Check one for the primary contact	<input type="checkbox"/> APPLICANT'S NAME	MAILING ADDRESS	PHONE NO.
	E-MAIL ADDRESS		
	<input type="checkbox"/> PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.
	E-MAIL ADDRESS		
	<input type="checkbox"/> LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:		
	NAME:		
	MAILING ADDRESS:	PHONE NO.	LICENSE NO.
	E-MAIL ADDRESS		

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	COMPANY NAME	MAILING ADDRESS	PHONE NO.
E-MAIL ADDRESS			
LICENSE CLASS AND NUMBER	CONTRACTOR SIGNATURE		

STAFF USE ONLY BELOW THIS LINE									
APN NO.	LOT	TRACT NO.	HIGH FIRE / HAZARD ZONE	ZONE USE	NAICS / STRUCTURE USE 1-5	P.C. FEE			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			Y N			
STRUCT. OCC. 1-5	OCC. FLOOR AREA 1-5	OCC. LOAD 1-5	STORIES	BASEMENT	MEZZ	ACCESSIBILITY			
						Y N			
GUSD FLOOR AREA	COMM'L	RESIDENTIAL	BLDG. FLOOR AREA	ABOVE GRADE	BELOW GRADE	ENERGY			
						Y N			
FIRE SPRKLR	EDITION OF THE CODE	STANDARD PARKING	ACTUAL	REQUIRED	DWELLING UNITS	CAL-GREEN			
						Y N			
						FIRE			
						Y N			
						SOIL REPORT			
						Y N			
						STRONG MOTION			
						Y N			
						S.F.C.			
						Y N			
						PARKS MIT.			
						Y N			
						LIBRARY MIT.			
						Y N			
						GUSD			
						Y N			
						URBAN ART			
						Y N			
						CONSTR. DEBRIS			
						Y N			
						ARCHIVE FEE (PAGES)			
						Y N			
						SUPP. P.C. FEE			
						Y N			
						DOUBLE FEE			
						Y N			
						PERMIT FEE			
						Y N			

STAFF COMMENTS, (INITIALS)										
OK TO SUBMIT/EXPRESS BY:						SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.
PRINT										
Check only if applicable	<input type="checkbox"/> ENGINEERING	SIGNATURE	DATE	Plan Check Expiration Date:						
	<input type="checkbox"/> ZONING	SIGNATURE	DATE	P.W. EASEMENTS		P.L. TO CURB FACE				
	<input type="checkbox"/> FIRE	SIGNATURE	DATE	<input type="checkbox"/> G.W.P. WATER		<input type="checkbox"/> PC <input type="checkbox"/> RW <input type="checkbox"/> BF				
	<input type="checkbox"/> DESIGN REVIEW	SIGNATURE	DATE	SIGNATURE		DATE				
	<input type="checkbox"/> FOG	SIGNATURE	DATE	SIGNATURE		DATE				
BLDG. PLAN CHECK						SIGNATURE	DATE	Check only if applicable		
PRINT										
OK TO ISSUE PERMIT BY:						SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.
PRINT										

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 AND THE PLAN CHECK FEE FORFEITED TO THE CITY OF GLENDALE. UPON WRITTEN REQUEST FROM THE APPLICANT, THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION IF RECEIVED PRIOR TO EXPIRATION DATE.

ADDRESS: _____

PERMIT NO. _____

Please Draw a Plot Plan: Locate all structures on lot

