



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 Permit Application

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

Property Owner:

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. _____
Email _____

☐ Owner / Builder ☐ Owner w/ Contractor

Architect / Designer:

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. _____
Email _____
License # _____ Exp. Date _____

Contractor:

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. _____
Email _____
State License # _____ Exp. Date _____
MH Bus. License # _____ Exp. Date _____

Business Owner / Tenant:

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. _____
Email _____

Engineer:

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. _____
Email _____
License # _____ Exp. Date _____

Workers' Compensation Information:

Carrier _____
Name of Agent _____
Phone No. _____
Policy No. _____ Exp. Date _____

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

☐ Owner ☐ Architect/Designer ☐ Engineer ☐ Contractor Email: _____

☐ Residential ☐ Commercial/Industrial Type: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition

Description of Proposed Work: _____

Construction Valuation \$ _____

Labor & Materials

Commercial Floor Area _____ (sq ft)
Residential Floor Area _____ (sq ft)
Garage Floor Area _____ (sq ft)
Deck _____ (sq ft)
Porch _____ (sq ft)
Patio Cover _____ (sq ft)
Accessory Structure _____ (sq ft)

Number of Units _____
Number of Stories _____
Number of Bedrooms _____
Number of Bathrooms _____
Type of Construction _____
Occupancy Group _____
Occupancy Load _____

Existing Fire Sprinklers:
☐ Yes ☐ No

Grading:
Cubic Yards Cut: _____
Cubic Yards Fill: _____

Office Use Only

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

Check Applicable

☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Grading

Electrical Permit

No. Receptacles/Outlets: _____ No. Switches: _____ No. Lighting Fixtures: _____
☐ Conduit ☐ Conductors ☐ Energy Storage System ☐ EV Charger ☐ Generator ☐ Irrigation Pedestal
☐ Electric Meter Authorization ☐ Main Service Upgrade/Replacement.: _____ Amps ☐ Pool Pump ☐ PV System
☐ Sign ☐ Spa ☐ Subpanel/Load Center: _____ No. ☐ Temp Power Distribution System: _____ No. of Poles
☐ Temp Power ☐ Other _____

Mechanical Permit

☐ Air Handler: _____ No. ☐ Condenser (AC) _____ No. ☐ Ducts ☐ Evaporator Coil ☐ Fan ☐ Furnace: _____ No.
☐ Gas Fireplace ☐ Heat Pump _____ No. ☐ Kitchen Hood ☐ Mini Split Systems _____ No. Units ☐ Pool Equipment
☐ Other _____

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

☐ Backflow ☐ Building Sewer ☐ Cleanout ☐ Gas Test ☐ Gas Line ☐ Gas Meter Upgrade ☐ Grease Interceptor
☐ Re-pipe ☐ Roof Drain ☐ Storm Drain ☐ Sump Pump ☐ Thermal Solar ☐ Water Service ☐ Water Softener
☐ Water Heater - Gas to Gas ☐ Water Heater - Tank to Tankless
☐ Water Heater - Gas to Electric (Provide existing amps of electrical Main Service Panel _____)
☐ Other _____

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

Type of Material Being Removed _____ Type of Material Being Installed _____
No. of Squares _____ ☐ Installing New Sheathing ☐ Using Existing Sheathing

Electronic Plan Submittal

For information on plan set formatting and page indexing requirements please see [Electronic-Plan-Review-Format-Requirements](#)

To offset the financial impact of new development or a new business on public infrastructure, new projects may be subject to impact fees. Impact fees are calculated and due at building permit issuance. The Engineering Land Development Division can create an estimate for your project for a fee. Fees are updated twice yearly. Final impact fees may vary from the estimate. For more information, contact Engineering Land Development at 408-778-6480

Applicant's Name (Print): _____ Date: _____



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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: _____