



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 # _____
In Geologic Hazard Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	In Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Built _____	

Property Owner: Name _____ Mailing Address _____ City/State/Zip _____ Phone No. _____ Email _____ <input type="checkbox"/> Owner / Builder <input type="checkbox"/> Owner w/ Contractor	Business Owner / Tenant: Name _____ Mailing Address _____ City/State/Zip _____ Phone No. _____ Email _____
Architect / Designer: Name _____ Mailing Address _____ City/State/Zip _____ Phone No. _____ Email _____ License # _____ Exp. Date _____	Engineer: 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 _____	Workers' Compensation Information: Carrier _____ Name of Agent _____ Phone No. _____ Policy No. _____ Exp. Date _____

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

<input type="checkbox"/> Owner <input type="checkbox"/> Architect/Designer <input type="checkbox"/> Engineer <input type="checkbox"/> Contractor Email: _____

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial Type: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition
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Description of Proposed Work: _____

Construction Valuation \$ _____	Labor & Materials _____	Existing Fire Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Floor Area _____ (sq ft)	Number of Units _____	Grading: Cubic Yards Cut: _____
Residential Floor Area _____ (sq ft)	Number of Stories _____	Cubic Yards Fill: _____
Garage Floor Area _____ (sq ft)	Number of Bedrooms _____	
Deck _____ (sq ft)	Number of Bathrooms _____	
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

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Grading
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Electrical Permit

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

Mechanical Permit

<input type="checkbox"/> Air Handler: _____	No.	<input type="checkbox"/> Condenser (AC) _____	No.	<input type="checkbox"/> Ducts	<input type="checkbox"/> Evaporator Coil	<input type="checkbox"/> Fan	<input type="checkbox"/> Furnace: _____	No.
<input type="checkbox"/> Gas Fireplace	<input type="checkbox"/> Heat Pump	_____	No.	<input type="checkbox"/> Kitchen Hood	<input type="checkbox"/> Mini Split Systems	_____	No. Units	<input type="checkbox"/> Pool Equipment
<input type="checkbox"/> Other _____								

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

<input type="checkbox"/> Backflow	<input type="checkbox"/> Building Sewer	<input type="checkbox"/> Cleanout	<input type="checkbox"/> Gas Test	<input type="checkbox"/> Gas Line	<input type="checkbox"/> Gas Meter Upgrade	<input type="checkbox"/> Grease Interceptor
<input type="checkbox"/> Re-pipe	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Storm Drain	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Thermal Solar	<input type="checkbox"/> Water Service	<input type="checkbox"/> Water Softener
<input type="checkbox"/> Water Heater - Gas to Gas <input type="checkbox"/> Water Heater - Tank to Tankless						
<input type="checkbox"/> Water Heater - Gas to Electric (Provide existing amps of electrical Main Service Panel _____)						
<input type="checkbox"/> 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 _____	<input type="checkbox"/> Installing New Sheathing <input type="checkbox"/> 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: _____ Date: _____
(Employee's Name)



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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: _____