

Registration No.: _____ (DPH) (office use only)



APPLICATION FOR DEMOLITION/ASBESTOS REMOVAL PERMIT - HEALTH REQUIREMENTS

* Please allow 10 business days processing time

For applications received between 3-10 business days before the approval is required, an expedited service fee will apply. Charitable and community organisations are not exempt from this fee.

FEES: - To be paid upon application. (PLEASE DO NOT EMAIL CREDIT CARD DETAILS.)

NOTE: Fee increases may apply on 1 July each financial year.

Application Fee: \$146 (No GST) (fee type 315)

(only applicable if asbestos cement products are required to be handled and removed)

Expedited Service fee: \$146 (No GST) (fee type code)

Do you require approval within 10 business days? Yes No

*If yes, the expedited service fee will apply.

Applicant Name: _____

Company Name: _____ ABN: _____

Business Address: _____

Post Code: _____ Email: _____

Phone: _____ Mobile: _____

I, _____ declare that the work proposed at:

(address) _____

(Tick where applicable)

- DOES NOT require the handling or removal of asbestos cement products

(Please sign and return to the City of Kwinana – no fee required)

- DOES require the handling and removal of asbestos cement products

(Please sign AND complete the remainder of the form below AND submit the application fee)

Signed: _____ Date: _____

Assessment of Buildings/Structures to be Demolished and/or Requiring Asbestos to be Removed:

Name and phone number of person responsible for the assessment (if different from above)

Name: _____

Address: _____ Ph: _____

I confirm that an assessment has been conducted of all building(s), structure(s) and site(s) that are proposed to be demolished or removed on the site in relation to the presence and condition of asbestos at: (address) _____

and provide the following information:

Type of asbestos on the property to be removed (tick):

	Yes	No	Quantity (kg)	Condition (Good/Fair/Poor)
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Flat or corrugated sheeting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wall cladding	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Eaves				
Roof shingles				
Imitation brick cladding				
Plaster patching compounds				
Textured Paint				
Vinyl floor tiles				
Floor coverings (backings)				

Other: _____

Information of Responsible Persons:

1. Name of Applicant: _____
2. Name of person controlling the demolition of buildings (if applicable):

3. Name and phone number of person responsible for managing the handling of asbestos:

4. Date of birth, address and driver's licence number of person responsible for managing the handling of asbestos:

5. Demolition Removal Licence Number (if applicable): _____
6. Asbestos Removal Licence Number: _____

Procedure for Handling/Management of Asbestos:

I can confirm that the following procedures will be undertaken for the handling and management of asbestos:

(Please tick ✓)

	Yes	No	N/A
City of Kwinana's Environmental Health Services will be notified twenty four (24) hours prior to demolition of buildings containing asbestos on 9439 0250			
All asbestos will be wet down with water or a PVA solution and will be kept wet during removal			
No power tools will be used on asbestos with the exception of removing screws			
High pressure hoses or sprays will not be used on any asbestos			
All asbestos sheets will be removed with minimal breakage and will be lowered to the ground, not dropped			
The removed asbestos will immediately be kept on polythene sheeting, wrapped and sealed into appropriate bundles for disposal			
All persons in the asbestos removal area will wear disposable coveralls and either a Class L or M disposable mask			
Prior to removing asbestos cement building products the surrounding area will have signs and barriers erected to warn of the danger and prevent unauthorised persons from entering			
Asbestos will not be left about the site where it can be further broken or crushed by machinery			
Any asbestos cement residue remaining in the roof space or removal area will be cleaned up using an approved vacuum cleaner with a HEPA filter			
The used disposable coveralls and masks will be placed in bags for removal with asbestos waste			
All waste containing asbestos will be labeled or marked with the words "CAUTION ASBESTOS" (in 50mm high letters) and disposed of at an approved site in accordance with the Health (Asbestos) Regulations 1992			

If you answered **no** to any of the above, please discuss your proposed handling procedure with a City of Kwinana Environmental Health Officer on 9439 0250.

Procedure for Disposal of Asbestos:

I confirm the following:

1. All asbestos will be transported by: _____
2. The asbestos will be transported in the following manner: _____
3. The asbestos will be disposed of at: _____
4. A copy of the disposal receipt will be forwarded to City of Kwinana Environmental Health Services within twenty four (24) hours of disposal. Fax: 9439 0222 / Email: admin@kwinana.wa.gov.au - Attention Environmental Health Services.

I have read and understand the requirements for safe handling, removal and disposal of asbestos as set out in:

1. The Occupational Safety and Health Act 1984
2. Occupational Safety and Health Regulations 1996
3. The Health (Asbestos) Regulations 1992
4. Environmental Protection (Controlled Waste) Regulations 2004
5. National Code of Practice for the Safe Removal of Asbestos (National Occupational Health and Safety Commission)

(Please tick ✓)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I understand the requirements placed upon me for the safe removal of asbestos by the relevant legislation and understand that I must take all reasonable measures to ensure that asbestos is handled safely. I understand that I will be committing an offence under the Health (Asbestos) Regulations 1992 if I do not take all reasonable measures when handling asbestos.

Full Name (please print)

Signature

Date: _____