

## DEMOLITION PERMIT - HEALTH REQUIREMENTS

This information sheet outlines the health requirements to be addressed during the Demolition Permit application process.

### Asbestos

The attached asbestos declaration must be completed for every Demolition Permit application, and submitted to the Town at the same time as the Demolition Permit application is lodged.

If there is no asbestos cement product on the property, then this is to be indicated at the top of page 1, and the document signed and submitted.

If there is asbestos cement product on the property, then the entire form needs to be completed, and the document signed and submitted.

### Rat Baiting

Rat baits are to be laid for at least 10 days before a property is demolished. The Town of Cambridge requires written confirmation that rat baiting has occurred at the property. This must be provided when the Demolition Permit application is lodged.

### Septic Tanks

Any septic systems on the property are to be decommissioned during the demolition process. The septic system is to be pumped out by a licenced liquid waste contractor, and the entire system is to be removed from the site.

The attached Septic Tank declaration must be completed for every Demolition Permit application, and submitted to the Town at the same time as the Demolition Permit application is lodged.

### Sewerage

For properties connected to sewerage, an application is to be made to the Water Corporation to cut and seal the sewer connection. This is to be done prior to lodging the Demolition Permit application.

The application to cut and seal can be found via [www.watercorporation.com.au](http://www.watercorporation.com.au) or via telephone on **13 13 95**.

### Further Assistance

Should you require any further advice on these requirements, please contact the Town's Health Services on **9347 6000**.

## ASBESTOS DECLARATION

I \_\_\_\_\_ declare that the demolition

proposed at: \_\_\_\_\_

- Does **not** require the handling or removal of asbestos cement products -  
 (NB Please sign and return to the Town of Cambridge)
- Requires** the handling and removal of **less** than 10 m<sup>2</sup> of asbestos cement products -  
 (NB Please **complete the remainder of the form** below)
- Requires** the handling and removal of **more** than 10 m<sup>2</sup> of asbestos cement products -  
 (NB Please **complete the remainder of the form** below)

(Tick )




Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### THE FOLLOWING INFORMATION **MUST BE COMPLETED** IF APPLYING FOR DEMOLITION APPROVAL WHERE ASBESTOS **IS** PRESENT

This form has been created with the aim of correctly identifying and managing asbestos as part of a building demolition. The work practices and precautions to be adopted in the safe removal of asbestos-based products vary with the type of product, amount of asbestos, its condition and location. The following information is aimed at assisting the applicant manage any asbestos on the property safely and allows the Town's Environmental Health Officers to assess how the applicant intends to handle the asbestos during demolition.

#### **ASSESSMENT OF BUILDINGS TO BE DEMOLISHED -**

Name and contact details of person responsible for the assessment:-

Name:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

I confirm that an assessment has been conducted of all buildings that are proposed to be demolished on the site, identified above, in relation to the presence and condition of asbestos:

	tick <input type="checkbox"/>	Estimated Quantity (kg)	Condition (Good/Fair/Poor)
Insulation	<input type="checkbox"/>	_____	-
Flat or corrugated sheeting	<input type="checkbox"/>	_____	-
Wall cladding	<input type="checkbox"/>	_____	-
Roof Shingles	<input type="checkbox"/>	_____	-
Imitation brick cladding	<input type="checkbox"/>	_____	-
Plaster patching compounds	<input type="checkbox"/>	_____	-
Textured Paint	<input type="checkbox"/>	_____	-
Vinyl floor tiles	<input type="checkbox"/>	_____	-
Floor coverings (backings)	<input type="checkbox"/>	_____	-

Other:-

\_\_\_\_\_

## ASBESTOS DECLARATION (cont'd)

### INFORMATION OF RESPONSIBLE PERSON/S:-

- 1 Company Name (carrying out demolition): \_\_\_\_\_
- 2 ACN / ABN \_\_\_\_\_
- 3 Contact No: \_\_\_\_\_
- 4 Name of Manager / Owner of company undertaking the Demolition: \_\_\_\_\_

**NB** Please attach to this document, a copy of your **Worksafe Licence**.

### PROCEDURE FOR HANDLING / MANAGEMENT OF ASBESTOS:-

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

(Tick )

	YES	NO	N/A
The Town of Cambridge's Health Services will be notified twenty four (24) hours prior to demolition of buildings containing asbestos on 9347 6000.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All asbestos will be wet down with water or a Polyvinyl Alcohol Solution ( <b>PVA</b> ) solution and will be kept wet during removal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No power tools will be used on asbestos with the exception of removing screws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-pressure hoses or sprays will not be used on any asbestos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All asbestos sheets will be removed with minimal breakage and will be lowered to the ground, not dropped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The removed asbestos will immediately be kept on polythene sheeting, wrapped and sealed into appropriate bundles for disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All persons in the asbestos removal area will wear disposable coveralls and either a <b>Class L</b> or <b>M</b> disposable mask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos will not be left about the site where it can be further broken or crushed by machinery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any asbestos cement residue remaining in the roof space or removal area will be cleaned up using an approved vacuum cleaner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The used disposable coveralls and masks will be placed in bags for removal with asbestos waste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All waste containing asbestos will be labelled or marked with the words "CAUTION ASBESTOS" (50MM HIGH LETTERS) and disposed of at an approved site in accordance with the Health (Asbestos) Regulations 1992.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Should you have answered **no** to any of the above, please discuss your proposed handling procedure with the Town's Environmental Health Officer on **9347 6000**.

## ASBESTOS DECLARATION (cont'd)

### **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 the Town of Cambridge Health Services within twenty four (24) hours of disposal.

(Health Services - Tel: 9347 6000

Email: [mail@cambridge.wa.gov.au](mailto:mail@cambridge.wa.gov.au) ).

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

	(Tick <input type="checkbox"/> )	
	Yes	No
1. The Occupational Safety and Health Act 1984	<input type="checkbox"/>	<input type="checkbox"/>
2. Occupational Safety and Health Regulations 1996	<input type="checkbox"/>	<input type="checkbox"/>
3. The Health (Asbestos) Regulations 1992	<input type="checkbox"/>	<input type="checkbox"/>
4. National Code of Practice for the Safe Removal of asbestos (National Occupational Health and Safety Commission	<input type="checkbox"/>	<input type="checkbox"/>

(If answered **no** to any of the above, hard copies of these documents can be viewed at the Town of Cambridge's Administration Building – front counter).

***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.***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Attach:

## SEPTIC TANK DECLARATION

The following information must be completed when applying for a Demolition approval -

- (Tick )
- The property being demolished **does not** have a waste-water system on site.  
(Please **sign and date** at the bottom of the page).
- The property being demolished **may** have a waste-water disposal system on site.  
(Please **complete the remainder of the form** and sign and date below).

Please be advised that -

I, \_\_\_\_\_ (name)

of \_\_\_\_\_ (business name)

will decommission all waste-water disposal systems located at:-

Lot or Pt. Lot No. \_\_\_\_\_

House No. \_\_\_\_\_

Street \_\_\_\_\_

Suburb: \_\_\_\_\_

as per Regulation 21 of the Health (Treatment of Sewage and Disposal of Effluent and Liquid Waste) Regulations 1974.

Please attach details of system removed including number of tanks and leach drains/soakwells.

Please attach clear photos and receipts as supporting evidence of the removal/decommissioning of the septic system referred to.

**FULL DEMOLITION** requires removal of systems in their entirety, with clean fill used for compaction of site.

### Works to be done to decommission -

- Treatment tanks pumped out
- Treatment tanks / leach drains / soakwells removed

### Where **PARTIAL DEMOLITION** is occurring and removal of tanks and/or drains is not practical -

#### Works to be done to decommission -

- Treatment tanks pumped out
- Treatment tank bases broken
- Treatment tanks filled with clean sand and compacted
- Leach drains / soakwell lids removed, filled with clean sand and compacted

Reason removal of system is not practical -

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Signature \_\_\_\_\_

Date: \_\_\_\_\_