

## DEMOLITION PERMIT - HEALTH REQUIREMENTS

This information sheet outlines the health requirements that need 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 City 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 7 days before a property is demolished. The City of Rockingham 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 City 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 City's Health Services on **9528 0315**.

**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 City of Rockingham) (Tick ✓)
- **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)

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 City'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: \_\_\_\_\_

 \_\_\_\_\_

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 ✓	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)

### 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 City of Rockingham Health Services within twenty four (24) hours of disposal.

(Health Services - Tel: 9528 0315

Email: [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au) ).

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

(Tick ✓)

- |   | 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 City of Rockingham'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 -

- ♦ The property being demolished **does not** have a waste-water system on site. (Tick ✓)   
(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.

**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 **(receipt to be provided)**
- 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 **(receipt to be provided)**
- 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 -

\_\_\_\_\_  
\_\_\_\_\_

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