

City of Kodiak
Old Library Demolition PN 15-06/6015
Addendum No. 2
November 7, 2016

The following change(s) and/or clarification(s) are made to the Plan and Specification Documents of Invitation to Bid for the Old Library Demolition PN 15-06/6015:

1. The anticipated date of completion for the project will be April 15, 2017. If additional time is needed due to extreme winter weather, the City will grant additional time for completion.
2. The project will require a Zoning Compliance Permit from the Kodiak Island Borough. Attached is a sample of the required form and information regarding Asbestos Disposal at the Kodiak Island Landfill. These forms are available at Kodiak Island Borough Community Development Department, 710 Mill Bay Road, Room 205, Kodiak, AK 99616 or online at <http://www.kodiakak.us/457/Forms-Applications> and clicking on [Application for Zoning Compliance.pdf](#) link. Contact phone KIB Community Development at (907) 486-9363.
3. After the Zoning Compliance Permit is issued, the Contractor is required to obtain a Demolition Permit from the City of Kodiak Building Department in room 208 of the same building. Contact phone Ted Hansen at (907) 486-8070.

There are no changes to the Bid Opening Time and Location.



Kodiak Island Borough
 Community Development Department
 710 Mill Bay Rd. Rm 205
 Kodiak AK 99615
 Ph. (907) 486 - 9363 Fax (907) 486 - 9396
<http://www.kodiakak.us>

Print Form

Submit by Email

Zoning Compliance Permit

Permit No. _____

The following information is to be supplied by the Applicant:

Property Owner / Applicant: _____

Mailing Address: _____

Phone Number: _____

Other Contact email, etc.: _____

Legal Description: Subdv: _____ Block: _____ Lot: _____

Street Address: _____

Use & Size of Existing Structures: _____

Description of Proposed Action: _____

Site Plan to include: Lot boundaries and existing easements, existing buildings, proposed location of new construction, access points, and vehicular parking areas.

Staff Compliance Review: Current Zoning: _____ PROP_ID _____

Lot Area: _____ Lot Width: _____ Bld'g Height: _____

Front Yard: _____ Rear Yard: _____ Side Yard: _____

Prk'g Plan Rvw? _____ # of Req'd Spaces: _____

Staff Compliance Review Notes:
 Plat / Subdivision Requirements? _____

Subd Case No. _____ Plat No. _____ Bld'g Permit No. _____

Does the project involve an EPA defined facility? _____
*Commercial buildings, installations (military bases), institutions (schools, hospitals) and residences with more than four (4) dwelling units.

Proof of EPA notification provided (if required)?
*Required for all demolitions, for renovations disturbing at least 160 square feet, 260 linear feet, or 35 cubic feet of Regulated Asbestos Containing Material (RACM), and for renovations that remove a load-supporting structural member.
No permit will be issued for such projects without proof of EPA notification

Driveway Permit? _____
Septic Plan Approval: _____
Fire Marshall: _____

Applicant Certification: *I hereby certify that I will comply with the provisions of the Kodiak Island Borough Code and that I have the authority to certify this as the property owner, or as a representative of the property owner. I agree to have identifiable corner markers in place for verification of building setback (yard) requirements.*

Attachments? _____ List Other: _____

Date: _____ Signature: _____

This permit is only for the proposed project as described by the applicant. If there are any changes to the proposed project, including its intended use, prior to or during its siting, construction, or operation, contact this office immediately to determine if further review and approval of the revised project is necessary.
THIS FORM DOES NOT AUTHORIZE CONSTRUCTION WHEN A BUILDING PERMIT IS REQUIRED.

**** EXPIRATION: Any zoning compliance permit issued is subject to the same expiration, suspension, and revocation provisions as a building permit issued for the same construction permit.****

CDD Staff Certification

Date: _____ CDD Staff: _____

Payment Verification Zoning Compliance Permit Fee Payable in Cashier's Office Room # 104 - Main floor of Borough Building

After-the-Fact 2X the published amount

Not Applicable	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00
Less than 1.75 acres:	<input type="checkbox"/>	\$30.00	<input type="checkbox"/>	\$60.00
1.76 to 5.00 acres:	<input type="checkbox"/>	\$60.00	<input type="checkbox"/>	\$120.00
5.01 to 40.00 acres:	<input type="checkbox"/>	\$90.00	<input type="checkbox"/>	\$180.00
40.01 acres or more:	<input type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$240.00



Kodiak Island Borough

Engineering/Facilities Department

710 Mill Bay Road

Kodiak, Alaska 99615

Phone (907) 486-9343 Fax (907) 486-9394

INFORMATION FOR ASBESTOS DISPOSAL

at the

Kodiak Island Borough Landfill/ Baler Facility

The following requirements apply for disposal of Asbestos Containing Materials (ACM) at the Kodiak Island Borough (KIB) Landfill

REGULATED ASBESTOS CONTAINING MATERIAL (RACM) AND NON-REGULATED ASBESTOS CONTAINING MATERIAL (Non-RACM)

In an effort to protect the health and safety of Borough residents and public employees the Borough has implemented a policy in keeping with an existing EPA facility demolition/renovation regulation. The implementation of this policy is best put into effect at the permitting level of a proposed project. Notification forms will be provided to the public in the Community Development Department and to the building officials when zoning compliance and building permits are applied for.

USEPA requires that they be notified ten days prior to the demolition or renovation of a facility. A copy of this notification form as well as proof of notification will need to be provided prior to receiving a facility demolition or renovation permit. (USEPA notification is required of all facility demolitions regardless of size or presence of asbestos and; facility renovation projects which meet the criteria defined below.) This proof of notification may be in the form of USPS return receipt, receipt from a commercial delivery service or, in the case of a hand delivery, a signature and phone number of the EPA official who received it. To successfully complete this form an inspection of the facility by an Asbestos Hazard Emergency Response Act (AHERA) - certified asbestos building inspector is needed.

The definitions of projects that would require this EPA notification procedure are as follows:

1. Facility: Commercial buildings, installations (military bases), institutions (schools, hospitals) and residences with more than four (4) dwelling units.
2. Facility Renovations: Disturbing at least 160 square feet, 260 linear feet or 35 cubic feet of Regulated Asbestos Containing Material (RACM).
3. Demolition: Wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or intentional burning of any facility.

Asbestos Definitions:

1. Regulated Asbestos Containing Material (RACM): (a) friable asbestos material; (b) Category I non-friable ACM that has become friable; (c) Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting or abrading or; (d) Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.
2. Non-Regulated Asbestos Containing Material (Non-RACM): is, in general, non-friable ACM that are defined in two categories:
 - a. Category I non-friable asbestos-containing material is asbestos-containing packings, gaskets, resilient floor coverings and asphalt roofing products containing more than 1% asbestos.
 - b. Category II non-friable asbestos containing material is any material, excluding Category I non-friable ACM, containing more than 1% asbestos that, when dry, cannot be crumbled, pulverized or reduced to powder by hand pressure.

It is also KIB Landfill policy that all ACM be placed in the asbestos cell if it meets either of the definitions above. Category I and Category II ACM that does not meet the definition of RACM after a demolition or renovation, and is not contaminated with RACM is not subject to the wetting requirement in the packaging instructions detailed below.

Disposal of ACM

The deliverer, generator or asbestos abatement contractor must contact the KIB Landfill Supervisor (Alan Torres, 486-9345) prior to scheduling a delivery of ACM to the landfill if the project will generate waste that is less than 1% ACM. Supporting documentation, including applicable regulatory citations, will be required.

The deliverer shall schedule with the Landfill Supervisor (Alan Torres, 486-9345) at least 2 days prior to the delivery date for specific delivery time and date.

No deliveries will be accepted after 3:00 p.m.

It is the responsibility of the delivering party to unload and place the ACM in the location designated by the landfill staff.

The KIB Landfill will not accept containers that have been compromised, damaged, or improperly packaged for disposal.

The deliverer, generator, and asbestos abatement contractor will be responsible for any clean up resulting from compromised or damaged containers during unloading and placement in the landfill. Cleanup will be to the satisfaction of the Landfill Supervisor.

A Uniform Hazardous Waste Manifest form will be submitted with each delivery of ACM
This form requires the following information:

- verification that an EPA building survey has been conducted
- the name of the project that is generating the ACM
- the amount of ACM being generated by the project
- the name of the asbestos generator
- the name of the asbestos abatement contractor
- the name of the party delivering the ACM to the Kodiak Island Borough Landfill
- the Requestor's address, point of contact and telephone number
- is the delivery RACM or Non-RACM

The KIB Landfill will not accept any ACM that contains any lead based paint or other coatings that contain lead products.

Approved Packaging

ACM shall not be accepted for delivery at the KIB Landfill unless it is packaged as follows:

- Non-RACM shall be delivered in plastic bags double-four mil, or thicker, liners.
- RACM shall be in sealed, leak-tight and non-returnable containers from which fibers cannot escape (e.g., plastic bags of double-four mil, or thicker, liners or polyethylene drums; metallic and fiber drums **WILL NOT** be accepted). Before delivery to the KIB Landfill, the waste within the container must be thoroughly wetted to prevent blowing of fibers in case the container is broken.

Labeling – Attached to all containers will be a waterproof warning label with the following statement:

CAUTION
CONTAINS ASBESTOS
AVOID OPENING OR BREAKING CONTAINER
BREATHING ASBESTOS IS HAZARDOUS TO YOUR HEALTH

OR

CAUTION
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
MAY CAUSE SERIOUS BODILY HARM

AND

- the name of the generator
- the address and location from which the ACM was taken
- the date that the ACM was taken and delivered

Charges and Payment for Disposal of ACM

Projects that generate 10 cubic yards or less of ACM will be charged at the rate of \$200 per cubic yard, or whatever the current KIB user fee schedule states.

Projects that generate more than 10 cubic yards of ACM may be charged at a different rate determined by the Borough Manager.

The party that is requesting disposal, prior to acceptance of material at the landfill, will set up an account with the KIB Finance Department, 1-907-486-9326. Special arrangements may be required to assure payment.

Record Keeping – The landfill operator maintains a log of the quantity of asbestos containing material delivered and requires the deliverer to sign-in prior to disposal. The deliverer shall be required to sign over a chain of custody or waste manifest form. A copy of this form will be provided to the deliverer after each delivery.

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ County: _____ Site Location: _____ Building Size (square feet): _____ # of Floors: _____ Age in Years: _____ Present Use: _____ Prior Use: _____							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Removal Contractor Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: 							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start:	Complete:				
IX. Dates for Asbestos Removal (MM/DD/YY)		Start:	Complete:				
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Here is the contact information :

Send all U.S. EPA Notification of Demolition and Renovation Forms to

EPA Region 10, AOO

222 West 7th Avenue #19

Anchorage, Alaska 99513

Attn: John Pavitt or Carlos Lozano

Phone Number for John Pavitt: 907-271-3688

Phone Number for Carlos Lozano : 907-271-3422

FAX Number : 907-271-3424

Receptionista EASTSIDECARPET.COM
907-562-7444

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U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:
XII.	<p>Waste Transporter #1</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p> <p>Waste Transporter #2</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>
XIII.	<p>Waste Disposal</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>
XIV.	<p>Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)</p> <p>1. Attach a copy of the Order to this notice.</p> <p>2. Name of Authority Issuing Order: _____ Title: _____</p> <p>3. Authority of Order (Citation of Code): _____</p> <p>4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____</p>
XV.	<p>Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)</p> <p>1. Date and Hour of the Emergency:</p> <p>2. Description of the Sudden, Unexpected Event:</p> <p>3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.</p>
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.
XVII.	<p>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</p> <p>_____</p> <p align="center">Signature of Owner/Operator Date Type or Print Name and Title</p>
XVIII.	<p>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</p> <p>_____</p> <p align="center">Signature of Owner/Operator Date Type or Print Name and Title</p>