



2415 Wilshire Blvd  
 Mound, MN 55364  
 Phone 952-472-0607  
 Fax 952-472-0620

**BUILDING PERMIT**

Handout Given \_\_\_\_\_

Lead Handout Given \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_ **PID:** \_\_\_\_\_

- 1) Was the home constructed before 1978? (YES , continue with line 2, NO  continue without completing EPA Section)
- 2) Will the work disturb ≥6 sq ft of interior painted surfaces or ≥20 sq ft of exterior painted surfaces? (YES  go to line 4, NO  line 3)
- 3) Are there any windows being replaced? (YES , go to line 4, NO  continue without completing EPA Section)
- 4) Has this home been Certified Lead Free? (YES , you MUST Attach Certification Information, NO  complete line 5)
- 5) EPA Contractor Certification Number: **NAT** -

**PROPERTY OWNER:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor License No:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Email: \_\_\_\_\_

**ARCHITECT:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**TYPE OF WORK:**  
 Commercial  Residential  
 New Construction  Deck  Window/Door Alteration  
 Change of Use  Pool # being replaced \_\_\_\_\_  
 Finish Basement  Retaining Wall  
 Remodel  Porch  Misc Other  
 Addition  Demolition  
 Garage-Attached/Detach  Misc Other  
 Accessory Structure

**EST. VALUATION OF WORK**  
 \$ \_\_\_\_\_

\_\_\_\_\_ Square feet:

**Detailed Description of Work:** \_\_\_\_\_

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative, is required and authorizes the Zoning Administrator or designee and the Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the Municipality and the laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work. Permit expires when work is not commenced within 180 days from date of permit, or if work is suspended, abandoned, or not inspected for 180 days. Work beyond the scope of this permit, or work without a permit or inspection, will be subject to a penalty.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_  Owner  Contractor  Owner's Representative

**OCCUP. TYPE:** \_\_\_\_\_ **CONST. TYPE:** \_\_\_\_\_ **CODE:** \_\_\_\_\_ **BLDG SPRINKLED** Yes / No

**VALUATION:** \$ \_\_\_\_\_ **COPIED** \_\_\_\_\_ **APPROVED** \_\_\_\_\_

Permit Fee: \$ _____					
Plan Review Fee: \$ _____					
State Surcharge: \$ _____					
Site Inspection Fee: \$ _____					
S.E.C. Fee: \$ _____					
Investigation fee / Other Fee: \$ _____					
Copy Charge (\$.25 per 8.5 x11 page) \$ _____					
License Check (\$5) / Lead Check (\$5) \$ _____					
<b>Sub Total</b> \$ _____					

**Special Conditions/Required Setbacks:** \_\_\_\_\_

Building Approval By: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Printed Building Approval By: \_\_\_\_\_  License Verification  Lead Verification - Checked By: \_\_\_\_\_

City Approval By: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Information supplied on this form will be considered public according to the MN Government Data Practices Act.  
 See reverse side for an important statement regarding Indian Mounds.

TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

OFFICE USE ONLY

## Supplemental Information for Building Permits Indian Mounds and Earthwork Sites

Historic Indian burial mounds and/or earthwork sites have been discovered in and around the City of Mound. While many of the sites have been severely impacted by development over the years, they do receive protection under state law. **Penalties are imposed for unauthorized disturbance of Indian burial mounds.** Additional information may be obtained through the Minnesota State Archeologist.

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# DEMOLITION PERMIT CHECKLIST

## Have the following been provided or completed?

Yes No N/A

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completed permit application submitted to the Municipality.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Two sets of site plans verifying the location and size of structure(s) being demolished.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Two sets of plans showing area of interior demo work.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written verification and/or site plan identifying the type of pedestrian protection being provided. Describe type, location, and height of fencing to be used. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have all utilities have been properly terminated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has a "Notification of Intent to Perform a Demolition" been submitted to the Minnesota Pollution Control Agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have all wells and/or septic systems been properly abandoned in accordance with State Health Department regulations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written description of building demolition method provided.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there any underground storage tanks to be removed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Performance bond, letter of credit, escrow, or securities provided in accordance with the Municipality policy.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have all hazardous materials been removed and disposed of in accordance with the Minnesota Pollution Control Agency?   |

### REQUIRED DOCUMENTS:

**Hazardous Material Survey**

**Test Lab Results**

**Transportation Manifest**

**(Transportation Manifest is required prior to building permit issuance if abatement occurs.)**

Type of notification:  Original  Amended  Project cancellation

Notification must be postmarked or received ten (10) working days before demolition begins. See Item 5 for emergency demolitions. Both start and end dates should be amended in writing as necessary to reflect current project dates.

**Submittal:** Notifications may be made electronically (preferred) or by paper copy. To submit this form electronically, save the form to your computer and send the form to the Minnesota Pollution Control Agency (MPCA) by using the submit button at the end of the form, or attach the form to an email message, using Demolition/Renovation notification as the subject line to [asbestos.demolition.pca@state.mn.us](mailto:asbestos.demolition.pca@state.mn.us). To submit the form by paper copy, please mail to the Asbestos Program at the address above; or fax to 651-297-1438. If you have any questions, contact the MPCA Asbestos Coordinator Kit Grayson at 218-302-6627.

### Demolition contractor

Name of firm or organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Building owner

Name of owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Building information

Name of building: \_\_\_\_\_

Address/Location: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age of building: \_\_\_\_\_ yrs Size of building: \_\_\_\_\_ sq.ft. Number of floors, including basement level(s): \_\_\_\_\_

Present use of building: \_\_\_\_\_

Prior use of building: \_\_\_\_\_

Dates of demolition or intentional burning Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
*mm/dd/yyyy mm/dd/yyyy*

**Note:** If the combined amount of Regulated Asbestos Containing Material (RACM) exceeds 260 linear feet, 160 square feet, or 35 cubic feet in the facility to be demolished, it must be removed by a licensed asbestos contractor prior to demolition. The State of MN-Notice of intent to perform an asbestos abatement project <http://www.pca.state.mn.us/publications/w-sw4-06.doc> must be used to notify for the asbestos removal.

Is nonfriable ACM present in the structure to be demolished?  Yes  No

Will nonfriable ACM be present in the structure at the time of demolition?  Yes  No

If **Yes** to both questions above, complete Items 1-9. If **No** to either question, complete Items 3-9.

#### 1. If ACM will be left in place indicate the amount of Category I and/or Category II nonfriable ACM left in place.

Category I: \_\_\_\_\_ Linear feet  
\_\_\_\_\_ Square feet  
\_\_\_\_\_ Cubic feet

**Category I nonfriable ACM** means asbestos-containing packings, gaskets, resilient floor covering, and asphalt roofing products containing more than one percent asbestos.

**Category I nonfriable ACM is not allowed to remain in place for demolition if it is in poor condition.**

Category II: \_\_\_\_\_ Linear feet  
\_\_\_\_\_ Square feet  
\_\_\_\_\_ Cubic feet

**Category II nonfriable ACM** means any material, excluding Category I nonfriable ACM, containing more than one percent Asbestos that, when dry, cannot be crumbled, pulverized, or reduced to a powder by hand pressure. **Category II nonfriable ACM is not allowed to remain in place for demolition if it has a high probability of becoming crumbled, pulverized, or reduced to a powder during demolition, transport, or disposal (e.g., transite, cement, slate roofing).**

2. Description and location of ACM remaining in place (including number of floors and rooms):

3. Company and/or individual that conducted the building inspection and the procedure used to determine the presence or absence of ACM (including analytic method): *(Note: Prior to demolition all structures must be inspected by a licensed asbestos inspector who has been certified through the Minnesota Department of Health.)*

4. Description of planned demolition and the specific method(s) that will be used:

5. If the demolition was ordered by a government agency, please identify the agency and attach a copy of the order:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authority: \_\_\_\_\_

Date of order (mm/dd/yy): \_\_\_\_\_ Start date (mm/dd/yy): \_\_\_\_\_

*Notification for an emergency demolition must be submitted as early as possible before demolition begins, but not later than the following working day. A demolition is considered an emergency **only** when the facility has been deemed structurally unsound and in danger of imminent collapse. If the structurally unsound building is known to contain any regulated ACM or is suspected to contain any regulated ACM, special procedures **must** be followed. If you are unaware of the special procedures, instructions/regulations can be obtained by contacting the MPCA at the phone numbers listed below. Refer to 40 CFR 61.145(a)(3) for additional information.*

6. Description of procedure to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized or reduced to powder:

7. Waste transporter information:

Transporter name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

8. Permitted waste disposal site information: \*see below for more information

Landfill name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

9. By typing my name below, I certify that the above information is correct and I am a bonafide representative of the demolition contractor or building owner and have authority to enter into agreements for my employer.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

*(This document has been electronically signed.)*

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

**Important Note: Ensure you are in compliance with Minn. R. 7035.0805 prior to the commencement of renovation/demolition.** This rule requires that the following items be removed two days prior to demolition: mixed municipal solid waste; household hazardous waste; industrial or hazardous waste; waste tires; major appliances; items containing elemental mercury, Poly-Chlorinated BiPhenyls (PCBs), and chlorofluorocarbons (CFCs); oil; lead; electronics; and other prohibited items. See MPCA website at <http://www.pca.state.mn.us/publications/w-sw4-20.pdf> for a *Pre-Renovation/Demolition Environmental Checklist Guidance Document* to assist with completion of this rule.

\*Demolition waste must be disposed of at a permitted solid waste facility. For other disposal option please contact the regional MPCA solid waste compliance/enforcement staff with any questions.



# Pre-Renovation/Demolition Environmental Checklist

Asbestos Program

Doc Type: Compliance/Enforcement Correspondence

**Minn. R. 7035.0805 requires that you remove the items below before starting a renovation or demolition project, and then manage and recycle or dispose of them correctly. This checklist is provided to help you manage the project and does not need to be submitted to the Minnesota Pollution Control Agency unless requested.**

## Project Information

### Structure owner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Phone number: \_\_\_\_\_

### Demolition contractor

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Phone number: \_\_\_\_\_

### Structure information

Building name: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Age of bldg (yrs): \_\_\_\_\_ Size of bldg (sq ft): \_\_\_\_\_  
Present use of bldg: \_\_\_\_\_  
\_\_\_\_\_  
Prior use of bldg: \_\_\_\_\_

### Dates of renovation, demolition, or fire training burn:

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Mercury	Qty		Qty		Qty
<b>Batteries</b>		Firestats:		Boiler insulation:	
Smoke detectors:		Manometers:		HVAC duct insulation:	
Emergency lighting systems:		Thermometers:		Ductwork flexible fabric connections:	
Elevator control panels:		<b>Boilers, furnaces, heaters, and tanks</b>		Fireproofing materials:	
Exit signs:		Mercury flame sensors by pilot lights:		Fire doors:	
Security systems and alarms:		Manometers, thermometers, gauges:		<b>Flooring:</b>	
<b>Lighting</b>		Pressure-trol:		Vinyl floor tile:	
Fluorescent lights:		Float or level controls:		Vinyl sheet flooring:	
<b>High intensity discharge</b>		Space heater controls:		Asphalt tile:	
Metal halide:		<b>Electrical systems</b>		Linoleum paper backing:	
High pressure sodium:		Load meters & supply relays:		Mastic/glue (floor tile, carpet, etc.)	
Mercury vapor:		Phase splitters:		<b>Electrical</b>	
Neon:		Micro relays:		Electrical panels:	
Switches for lighting using mercury relays (look for any control associated with exterior or automated lighting systems):		Mercury displacement relays:		Electrical wiring insulation:	
"Silent" wall switches:		Asbestos		Heating and electrical ducts/conduit:	
<b>Heating, ventilating, and air conditioning systems</b>		<b>Boiler rooms</b>		<b>Pipe and other insulation</b>	
Thermostats:		Boilers, furnaces, fireplaces, and their components:		Aircell (corrugated cardboard):	
Aquastats:		Cement sheets near heating equipment:		Millboard:	
Pressurestats:				Preform:	
				Joint compound:	

Asbestos (continued)	Qty		Qty		Qty
Spray applied insulation:		ChloroFluoroCarbons		Lead-acid batteries (lighting, exit signs, security systems):	
Blown-in insulation:		Fire extinguishers (both portable and installed halon suppression systems):		Lead flashing molds and roof vents:	
Block:		Air conditioners (rooftop, room, and central):		Lead pipes and solder:	
<b>Surfacing materials</b>		Walk in coolers (refrigeration or cold storage areas):		Lead-lined X-ray rooms:	
Acoustical plaster:		Water fountains and dehumidifiers:		Other	
Decorative plaster:		Refrigerators/freezers chillers:		Solid waste (all non-building components such as unattached carpet, files, books, trash, desks, chairs, etc.) must be removed prior to demolition:	
Textured paints & coatings:		Heat pumps:		Hazardous waste (including household) must be properly handled and disposed of prior to demolition:	
Spray-applied materials (acoustical, decorative, or insulative):		Vending machines/food display cases:		Oil (used oil, hydraulic oils in door closers, elevator shafts, etc.) must be collected and properly disposed of prior to demolition:	
<b>Roofing</b>				Tanks (no evidence of former heating tanks or storage tanks exist):	
Roofing shingles:		Poly-Chlorinated BiPhenyls (PCBs)		Appliances must be recycled by an appliance recycler:	
Roofing felt:		Transformers:		Electronics:	
Base flashing:		Transistors:			
<b>Cement materials (Transite)</b>		Capacitors:			
Cement pipes (flues & vents):		Heat transfer equipment:			
Cement wallboard:		Light ballasts:			
Cement siding:					
Pegboard:		Lead			
<b>Ceiling materials</b>		Lead-based paint (woodwork, metal equipment, interior/exterior uses):			
Ceiling tiles:					
Ceiling tile adhesives (pucks):					
Lay-in ceiling panels:					
Acoustical tiles:					
<b>Miscellaneous</b>					
Taping, joint, and spackling compound:					
Caulking/putties:					
Fire curtains and blankets:					
Laboratory hoods, table tops, gloves, etc.:					
Gaskets:					

If you have questions or comments about this checklist, identify any additional items not found in this list, or would like to discuss an individual project, contact the Minnesota Pollution Control Agency at 651-296-6300 or 1-800-657-3864.

Affiliation with project: \_\_\_\_\_ Title: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note:**

**This guidance document is not intended as a substitute for reading Minnesota Rules and Statutes and making your own independent determination of their applicability to your renovation/demolition project. Examples in this guidance document do not represent an exhaustive listing of type of materials that may be required to be removed from a building prior to renovation/demolition.**



# DEMOLITION REQUIREMENTS

It is the responsibility of the owner and/or contractor to comply with the requirements and rules of all authorities and government agencies having jurisdiction. **Permit will not be issued until sewer and water lines have been disconnected and inspected.**

- ▶ The applicant shall be responsible for contacting all of the proper State, County, and Local authorities prior to the demolition commencing.
- ▶ A demolition permit will not be issued until MCWD notifies the city that a permit has been issued or that no permit is needed. **Contact the MCWD at 952-471-0590.**
- ▶ All asbestos and other prohibited materials shall be removed and disposed of in accordance with the regulations of the Minnesota Pollution Control Agency.
- ▶ The Department of Natural Resources, City Utilities, and Public Works Director are examples of agencies and/or authorities that may be involved in any given project and a demolition permit issued by the Building Inspections Department shall not be construed as permission to proceed without approval from all appropriate agencies.
- ▶ Permit will not be issued until a water and sewer disconnect permit has been issued to a registered master plumber and disconnect is complete. **Application is not complete until a hazardous materials survey has been completed and submitted.**

## Submittal Requirements

Application **and** hazardous materials survey

Demolition Permit Checklist with appropriate requested information attached

MCWD notice to the city that a permit has been issued or that no permit is needed.

## Required Inspections (call MnSpect at 952-442-7520 and Ray Hanson at 952-472-0614)

Prior to demolition the following items must be checked and remain in place throughout the duration of the project:

Disconnect and capping of sewer and water lines by a master plumber. Wells must be

Capped and abandoned under the provisions of State Health Department.

Traffic control and pedestrian protection

Disconnection of gas, electric, telephone services

Silt fence (until vegetation is re-established) – dust control

Owner/contractor must provide verification of proper clean-up and disposal of contaminated soils, and all abatement issues, and disconnects

If rodents or harmful insects are in harborage, extermination shall be done before demolition.

Empty hole inspection (when applicable) - Call MnSpect at 952-442-7520

After the demolition project has taken place, the street shall be cleaned and the site properly cleaned and graded. Contact Ray Hanson at 952-472-0614 or [rayhanson@cityofmound.com](mailto:rayhanson@cityofmound.com) for site specific requirements.

If you have any questions regarding the classification, removal, transport, disposal, or any questions regarding asbestos rules, regulations, or standards, please feel free to contact the MPCA asbestos team at the following numbers: (651) 296-6300 (800) 657-3864  
Information is also available at the MPCA website: <http://pca.state.mn.us>

**Permit fee is based on approved valuation of work**

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