



NOTIFICATION OF DEMOLITION AND RENOVATION

FEE RECEIVED	POSTMARK	DATE RECEIVED	NOTIFICATION #
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I. TYPE OF NOTIFICATION: Original Revised Cancelled Annual Other

II. OWNER NAME _____ Email Address _____
 Mailing Address _____ City _____ State _____ Zip _____
 Contact _____ Telephone _____ Cell Phone _____

ABATEMENT CONTRACTOR _____ Email Address _____
 Mailing Address _____ City _____ State _____ Zip _____
 Contact _____ Telephone _____ Cell Phone _____

OTHER OPERATOR _____ Email Address _____
 Mailing Address _____ City _____ State _____ Zip _____
 Contact _____ Telephone _____ Cell Phone _____

III. TYPE OF OPERATION Demolition Renovation Emergency Renovation House Move Other

IV. IS ASBESTOS PRESENT? Yes No

V. FACILITY DESCRIPTION (Include building name, number & floor/room number):

Building Name _____
 Physical Address _____ City _____ State _____ Zip _____
 Site Location of Asbestos (basement piping, main floor ceiling, exterior siding, etc.) _____

Building Size _____ # of Floors _____ Age in Years _____
 Present Use _____ Prior Use _____

VI. ASBESTOS SURVEY CONDUCTED? Yes No By Whom? _____
 Phone _____ Date Conducted _____ Location of Report _____

VII. QUANTITIES AND TYPES OF ACM

Quantity of Friable ACM To Be Removed	Description of Friable ACM To Be Removed	Quantity of Nonfriable ACM To Be Removed	Description of Nonfriable ACM To Be Removed
Pipes		Category I	
Surface Area		Category II	
Off Component		Other	

VIII. SCHEDULED DATES ASBESTOS REMOVAL Start _____ Complete _____
 SCHEDULED WORK WEEK _____ SCHEDULED WORK HOURS _____

IX. SCHEDULED DATES DEMOLITION OR RENOVATION Start _____ Complete _____

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK & METHODS TO BE USED
 (Notice - A Separate Dust Control Plan, in addition to this notification, may be required for demolition work)

XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS (Use additional paper if needed)

XII. WASTE TRANSPORTER _____
 Address _____ City _____ State _____ Zip _____
 Contact _____ Telephone _____

XIII. WASTE DISPOSAL SITE _____
 Location _____
 City _____ State _____ Zip _____ Telephone _____

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW
 Agency _____
 Date of Order _____ Date Ordered to Begin _____

XV. FOR EMERGENCY RENOVATION Date & Hour of the Emergency _____
 Description of the Sudden, Unexpected Event _____

 Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden _____

XVI. I CERTIFY THAT ALL WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE PROVISIONS OF 40 CFR PART 763 AND THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

 (Signature - Owner/Operator) _____ Date

FEE SCHEDULE

AMOUNT OF ASBESTOS TO BE REMOVED	FEE	TYPE
Over 10,000 L.F. OR Over 50,000 S.F.	\$867	Demolition Or Renovation
1,001-10,000 L.F. OR 5,001-50,000 S.F.	\$425	Demolition Or Renovation
261 - 1,000 L.F. OR 161 - 5,000 S.F.	\$164	Demolition Or Renovation
11 - 260 L.F. OR 49 - 160 S.F.	\$ 86	Demolition Or Renovation
0 - 10 L.F. OR 0 - 48 S.F.	\$ 44	Demolition
Any Amount	\$ 77	Renovation Conducted By Owner At An Owner Occupied Single Family Residence
Any Amount	\$167	Commercial Flat Built-up Roofs
Up to 260 L.F. OR 160 S.F.	\$338	Annual Notice
OTHER CHARGES - ADD TO QUANTITY BASED FEE		
Any Amount	\$87	Emergency Demolition or Renovation
Any Amount	\$39	Revision of Existing Notification

COMMENTS _____

SUBMIT