



**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
<b>OTHER CHARGES - ADD TO QUANTITY BASED FEE</b>		
Any Amount	\$87	Emergency Demolition or Renovation
Any Amount	\$39	Revision of Existing Notification

COMMENTS \_\_\_\_\_  
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