

Air Quality Requirements

Building Department

If you have received this instructional flow chart and the attached form, it has been determined that **you must conduct an asbestos survey for asbestos materials prior to receiving your building permit.**



Obtain Survey

Retain a Certified Asbestos Consultant (CAC) to test your structure for asbestos materials. CAC's may be found in the yellow pages or online under "Asbestos or Environmental Consultants". Follow all the survey recommendations.

Mail the completed survey and attached form to:
SMAQMD, 777 12th Street,
Sacramento 95814. **For quicker service, use the SMAQMD 24 hour drop box located in the alley north of H Street.**



SMAQMD

Within 2 working days, Air Quality staff will review your survey and form for accuracy and completeness. You may pick up or have SMAQMD mail it to you.



Present this validated form on or after the date stamped to receive your permit from your Building Dept.



Asbestos Renovation/Demolition Survey & Notification Form

1	<input type="checkbox"/> Renovation (Do not complete items 5 or 6) <input type="checkbox"/> Demolition (Complete all sections)
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2	Contractor	Owner
	Address	Address
	City	City
	State/ Zip	State/ Zip
	Telephone	Telephone

3	Structure Name		Renovation Area
	Address		City/ Zip
	Year Built	Number of Floors	Size (sq ft.)

4	Preference for return of form	<input type="checkbox"/> E-mail (see instructions) _____	US Mail : <input type="checkbox"/> Contractor <input type="checkbox"/> Owner	<input type="checkbox"/> Pick up (after two working days)
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SECTIONS 5&6 - DEMOLITIONS ONLY-NOTE: Start date must be at least 10 working days from the day of your postmark or hand delivery of this form to SMAQMD

5	Start Date: _____/_____/_____	Completion Date: _____/_____/_____
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6	Revision # 1 2 3 4 5 6 7 8 9 (circle)	
	Old Start Date _____/_____/_____	New Start Date _____/_____/_____
	Old Completion Date _____/_____/_____	New Completion Date _____/_____/_____

Section 7 – Attach copy of Asbestos Survey OR have DOSH Consultant complete section 7

7	Company Name		Telephone	
	Surveyor's Name		DOSH #	Survey Date
	Company's Address		City/State/Zip	
	Amount of RACM	Square Feet	Linear Feet	Cubic Feet
	Amount of Category I		Amount of Category II	
	Analytical Procedure			
	Consultant's Signature		Date	

I have read and understand the directions. The information on this form is true and accurate.

8	Applicant Name (Print)	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Rep / Agent	Permit shall not be issued prior to:
	Applicant's Signature	Date	

SMAQMD USE ONLY: Project # _____ Received Date/ Postmark _____

Check # _____ Receipt # _____ Amount Paid _____ Staff _____ Date Approved _____

Failure to comply with asbestos regulations can result in penalties up to \$75,000/day

PURPOSE:

Your project has been deemed jurisdictional by the US EPA and local Sacramento Metropolitan Air Quality Management District (SMAQMD). **You will not receive a permit from the building department until you complete this form and submit it with a copy of the asbestos survey (or complete item 7 below) to SMAQMD. SMAQMD will approve* and return this form to you to bring to the building department.** In order to prevent the release of asbestos into the environment, you must properly identify and abate all regulated asbestos materials prior to the start of your renovation or demolition project. You must first retain a certified CAL-OSHA asbestos consultant to conduct your asbestos survey and identify all regulated asbestos materials. To properly abate the identified regulated materials, you must hire a licensed asbestos abatement contractor. You may find local asbestos consultants and contractors in the yellow pages or online under "Asbestos or Environmental Consulting" and "Asbestos or Environmental Contractors".

DIRECTIONS FOR BOTH RENOVATIONS & DEMOLITIONS:

The numbers below correspond to the item numbers on the front of this form.

1. Indicate whether your project is a demolition or renovation using the following definitions. **DEMOLITION:** The wrecking, taking out, or burning of any load-supporting structural member of any facility. Some common examples include removal of load bearing wall(s), roof rafter(s), razing or moving of the entire structure. **RENOVATION:** Any operation other than a demolition. Common examples would be tenant improvements and partial or complete remodels where load bearing walls are not being removed.
2. Complete Owner and Contractor information. Contractor refers to the company/individual doing the renovation or demolition work.
3. Structure Address – Provide structure address. Structure Name – Any commercial/institution name for the structure. Use – A functional description, (ie, home, school, store). Number of floors- Count basement as a floor. Size - Total in square feet. Leave no blanks.
4. Select method of receiving form. **To expedite the process for renovations only, use asbestos@airquality.org for sending your survey and this form.** Federal law prohibits e-mail of demolition notifications. Demolitions must be mailed or hand delivered.

IF RENOVATION PROJECT, SKIP 5 & 6, COMPLETE ITEMS 7-8

IF DEMOLITION PROJECT, COMPLETE 5-8

5. These are the actual dates the demolition will start and end. Although asbestos may not be detected or the survey indicates RACM less than 260 lineal or 160 square feet, the start date must reflect at least 10 business days from the date of postmark/delivery to SMAQMD. In those instances, submit a \$435 inspection fee along with this form and your survey. SMAQMD will verify that your information is complete and validate the form. Please discuss this with your consultant if you have any questions.
6. You are required to notify SMAQMD of any information that changes on this form. Use the revision box for date changes. Date changes must be notified on or prior to the last notified date. Revisions may be fax'd to (916) 874-4899. Circle the appropriate revision number each time you revise. Cancellation Policy: Upon cancellation of a demolition project, a minimum administrative fee of \$228 will be deducted from the original fees submitted. If a site inspection was conducted prior to the cancellation, the fee deducted will be \$435.
7. You have the option of submitting a copy of your asbestos survey OR having this section completed by your consultant. The RACM amounts listed are the amounts to be removed during this project.
8. Print and sign your name and indicate whether you are the owner, contractor, or representative / agent.

***Approval** will be a SMAQMD date stamp in the lower right corner, which will specify that you have met SMAQMD survey requirements and indicate to the building department that you may receive your renovation or demolition permit on or after that date, **providing you have met all other building dept requirements.** If the survey or this form is incomplete or inaccurate and cannot be approved, this form will be rejected and you will be contacted with an explanation of the problem. You will have to correct and resubmit both to SMAQMD for approval. SMAQMD will make your form available within 2 working days of receipt.

ASSISTANCE AVAILABLE: SMAQMD business hours M-F, 8-5pm. (916) 874-4800, View our website www.airquality.org for information on asbestos as well as this and other forms. Asbestos staff are available for personal consultations, M-F, 8:00 AM to 10:00 AM daily.