

# Asbestos Renovation/Demolition Notification Form

<b>1</b>	Building Department Permit Application # (if known) : _____	<input type="checkbox"/> Renovation (Do not complete Section 5) <input type="checkbox"/> Demolition (Complete all sections) <input type="checkbox"/> Ordered Demo - Attach ordered demo letter <input type="checkbox"/> Emergency Demo - SMAQMD Emergency #: _____
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<b>2</b>	Contractor	Owner
	Address	Address
	City, State / Zip	City, State / Zip
	Email	Email
	Telephone	Telephone

<b>3</b>	Structure Name	Renovation Area	# of Floors
	Project Address	City / Zip	Year Built

<b>4</b>	Preference for return of form	<input type="checkbox"/> E-mail : _____	<input type="checkbox"/> Other : _____
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**DEMOLITION ONLY** – Start date must be at least 10 working days from the day of your postmark or hand delivery of this form.

<b>5</b>	Start Date _____/_____/_____	Revision # 1 2 3 4 5 6 7 8 9 (circle)
	Completion Date _____/_____/_____	New Start Date _____/_____/_____
		New Completion Date _____/_____/_____
Method of Demo (Check Applicable): <input type="checkbox"/> Manual/Hand Tools <input type="checkbox"/> Mechanical/Heavy Equipment <input type="checkbox"/> Other		
Procedure to be followed if RACM is found or Category II material becomes friable:		

***I have read and understand the directions. The information on this form is true and accurate.  
 I certify that the asbestos survey conducted represents the facility as built.***

<b>6</b>	Applicant Name (Print)	<input type="checkbox"/> Owner <input type="checkbox"/> Rep / Agent <input type="checkbox"/> Contractor	Permit may be issued on:
	Phone Number		
	Applicant's Signature	Date	

**Have DOSH Consultant complete and sign below OR attach completed Asbestos Survey Form and Consultant's report.**

<b>CONSULTANT USE ONLY</b>	Company Name	Telephone	
	Surveyor Name	DOSH #	Survey Date
	Analytical Method	Pt Count Materials <10%? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined by Client	
	Amount of RACM	Square Feet	Linear Feet
	Amount of Category I		Amount of Category II
	Project Address	City	Zip
	Suspect Materials Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Consultant's Signature

**SMAQMD USE ONLY**

Date Received / Date Postmarked \_\_\_\_\_ Date Approved & Returned \_\_\_\_\_

Project # \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Staff \_\_\_\_\_

**Failure to comply with asbestos regulations can result in civil/criminal penalties as specified in CH&SC §42400-42402**

**PURPOSE:**

Your project has been deemed jurisdictional by the US EPA and the Sacramento Metropolitan Air Quality Management District (SMAQMD). **You will not receive a permit from the building department until you complete this form. 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 containing building 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:**

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

1. Input the Building Department's Permit Application Number or Case Number (if known).  
Indicate the type of project using the following definitions:
    - **DEMOLITION:** The wrecking, taking out, disturbing, or burning of any load-supporting/structural member of any facility. Common examples include impact to load bearing wall(s), roof rafter(s), razing/moving 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.
    - **ORDERED DEMOLITION:** The demo of a facility pursuant to an order of an authorized representative of a state or local government agency, issued because the structure is structurally unsound or in danger of imminent collapse.
    - **EMERGENCY DEMOLITION:** A renovation that results from a "sudden, unexpected event that applies to the abatement of the immediate hazard and, that if not immediately attended to: presents a safety or public health hazard, is necessary to protect equipment from damage, or is necessary to avoid imposing an unreasonable financial burden." Ultimate approval of the use of this provision is left to the discretion of the Air Pollution Control Officer. Operations necessitated by non-routine failures of equipment are included.
  2. Complete Contractor and Owner information. A contractor refers to the party doing the renovation/demolition work.
  3. Structure Name: Any commercial/institution name for the structure.  
Project Address: Provide structure address.  
Renovation Area: Include name of area to be renovated (ex. "bathroom", "first floor", "roof", etc.) and total size in square feet.  
Number of Floors: Count basement as a floor.  
Year Built: Age of the oldest portion of the structure that will be impacted by the project.
  4. Select method of receiving form. **To expedite the process use [asbestos@airquality.org](mailto:asbestos@airquality.org) for sending items to SMAQMD.** If fees are due, payments can be made online at <http://www.airquality.org/Businesses/Payments>
- IF DEMOLITION, ORDERED DEMOLITION, OR EMERGENCY DEMOLITION PROJECT, COMPLETE SECTIONS 5 & 6.**  
**FOR RENOVATION PROJECTS, SKIP TO SECTION 6**
5. Project Dates: These are the actual dates the demolition will start and end. Although asbestos may not be detected or the survey indicates RACM less than 160 square or 260 linear 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 plan fee along with this form and your asbestos survey. SMAQMD will verify that your information is complete and validate the form.  
Revisions: You are required to notify SMAQMD of any information that may change after submittal of 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 faxed to (279) 207-1144 or emailed to [Asbestos@airquality.org](mailto:Asbestos@airquality.org). Circle the appropriate revision number each time you revise.  
Indicate method of demolition.  
Indicate procedures to be followed if RACM is found or Category II material becomes friable.  
Cancellation Policy: Upon cancellation of a demolition project, a minimum administrative fee will be deducted from the original fees submitted. If a site inspection was conducted prior to the cancellation, there will be no refund of fees submitted.
  6. Print and sign your name and indicate whether you are the owner, contractor, or representative / agent.

**FOR CONSULTANT USE ONLY**

You have the option of either having this section completed by your consultant OR submitting your full asbestos survey with an asbestos survey form completed and signed by your consultant. The RACM amounts listed are the amounts to be removed during this project. Please indicate if there were any suspect materials present to sample. Indicate whether point counting was conducted for materials with detectable asbestos in concentration <10%.

**\*Approval** will be a SMAQMD date stamp, 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, **provided you have met all other building department 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 forms to SMAQMD for approval. SMAQMD will make your form available within 2 working days of receipt.

**\*\*Abatement** is only required for renovations if the RACM is expected to be impacted during the project or if Category II materials are likely to become crumbled, pulverized, or reduced to powder during the course of the project.

**ASSISTANCE AVAILABLE:** View our website [www.airquality.org](http://www.airquality.org) for information on asbestos as well as this and other forms. Asbestos staff are available for phone consultations, M-Th, 9:00 AM to 12:00 PM, (279) 207-1122