



## SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #							
COMPLETED BY		COMPANY		PHONE								
DATE	CHECK #	FEE \$	PROJECT #									
NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER (highlight)	CANCELLATION								
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (removal)	EMERGENCY REMOVAL	PLANNED RENO (annual)							
SITE INFORMATION	SITE NAME											
SITE ADDRESS			CROSS STREET									
CITY	STATE	ZIP	COUNTY									
DESCRIBE WORK AND LOCATION												
BUILDING SIZE (SQ FT)	NUMBER OF FLOORS		BUILDING AGE (YEARS)	NUMBER OF DWELLING UNITS								
BLDG PRIOR / PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	Other	OFFICE	PUBLIC BLDG.	HOUSE	SCHOOL	SHIP	UNIV/COLLEGE		
SITE OWNER			ADDRESS									
CITY	STATE	ZIP	CONTACT	PHONE								
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT?	YES	NO	<sup>1</sup> ASBESTOS SURVEY?	YES	NO	ASBESTOS REMOVED?	YES	NO	BUILDING TO BE DEMOLISHED?	YES	NO
PROJECT DATES	START	END		WORK SHIFT (day, swing, night)								
*ASBESTOS AMOUNT TO BE REMOVED - (in square feet)	FRIABLE		CLASS I	CLASS II		TOTAL AMOUNT (add row)						
*ASBESTOS REMOVAL FROM	SURFACES		PIPES	COMPONENTS								
*AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)	ACOUSTIC CEILING		LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC				
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	ROOFING	OTHER (describe)							
CONTRACTOR INFORMATION		CSLB LICENSE #	OSHA REG #	AQMD ID #								
NAME			ADDRESS									
CITY	STATE	ZIP	SITE SUPVR	PHONE								
WASTE TRANSPORTER #1			LANDFILL									
ADDRESS			ADDRESS									
CITY	STATE	ZIP	CITY	STATE	ZIP							

\* Not required for demolition notifications

<sup>1</sup> asbestos surveys are required prior to Demolition and Renovation.

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<b>WASTE TRANSPORTER #2</b>			<b>* WASTE STORAGE SITE</b>		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
<p><b>* CONTROLS:</b> DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other.          For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)</p>					
<p><b>* ASBESTOS DETECTION PROCEDURE:</b> Circle the procedures and analytical methods used to determine the presence of asbestos in the building. Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):</p>					
FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:					
FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #					
AUTHORIZING PERSON:			TITLE		
DATE OF ORDER:			DATE ORDERED TO BEGIN:		
<p><b>* FOR EMERGENCY ASBESTOS REMOVAL</b> GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT (<i>Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up</i>):</p> <p>EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:</p>					
<p><b>CONTINGENCY PLAN:</b> DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLER, PULVERIZED, OR REDUCED TO POWDER. (<i>Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up</i>):</p>					
<p><b>* TRAINING CERTIFICATION:</b> I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.</p>					
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date	
<p><b>INFORMATION CERTIFICATION:</b> I certify that the above information is correct and I have enclosed any required attachments.</p>					
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date	
<p>Notifications can not be accepted without the required fee (<a href="#">Rule 301</a>). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:</p>					
PROJECT SIZE in square feet		DEMOLITION OR REMOVAL		ADDITIONAL SERVICE CHARGES	
1,000 or less -----		\$ 52.06 -----		Special Handling Fee ---- \$ 52.06	
1,001 to 5,000 -----		\$ 159.15 -----		Revision to Notification- - \$ 52.06	
5,001 to 10,000 -----		\$ 372.51 -----		Returned Check Fee ---- \$ 25.00	
10,001 to 50,000-----		\$ 584.11-----		Planned Renovation ---- \$ 584.11	
50,001 to 100,000 -----		\$ 846.52 -----		Procedure 4 or 5 Plan---- \$ 584.11	
100,001 or more -----		\$ 1,410.86 -----			
<p><b>ATTENTION:</b> Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution</p>					