

# NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled CO - Courtesy)		WPR Notice?	
II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)			
OWNER NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT:	EMAIL:	TELEPHONE:	
REMOVAL CONTRACTOR:			
ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT:	EMAIL:	TELEPHONE:	
OTHER OPERATOR:			
ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT:	EMAIL:	TELEPHONE:	
III. TYPE OF OPERATION D - Demo O - Ordered Demo ( <i>Must have written order from municipality</i> ) R - Renovation E - Emergency Renovation/Demolition ( <i>Written approval/authorization issued by APCD</i> )			
IV. IS ASBESTOS PRESENT? Yes / No (Circle one) <b>Attach an accredited asbestos survey in order to be accepted</b>			
V. FACILITY DESCRIPTION (Include building name, number, and floor or room number)			
BUILDING NAME:			
ADDRESS:			
CITY:	STATE:	COUNTY:	
SITE LOCATION:			
BUILDING SIZE:	NUMBER OF FLOORS:	AGE IN YEARS:	
PRESENT USE:		PRIOR USE:	
VI. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL			
VII. APPROXIMATE AMOUNT OF 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed		RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED
		CAT I	CAT II
		UNIT	
PIPES			Ln Ft:      Ln m:
SURFACE AREA			Sq Ft:      Sq m:
VOL RACM OFF FACILITY COMPONENT			Cu Ft:      Cu m:
NONFRIABLE ASBESTOS REMOVED			Ln Ft:      Sq. Ft:
VIII. SCHEDULED DATES ASBESTOS REMOVAL – Date Changes Require Faxed Revisions (805) 781-1002		START:	COMPLETE:
IX. SCHEDULED DATES DEMO/RENOVATION – Date Changes Require Faxed Revisions (805) 781-1002		START:	COMPLETE:

## NOTIFICATION OF DEMOLITION AND RENOVATION (*Continued*)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS AND TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. ASBESTOS WASTE TRANSPORTER #1:		
OWNER NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT:		TELEPHONE:
ASBESTOS WASTE TRANSPORTER #2:		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT:		TELEPHONE:
XIII. ASBESTOS WASTE DISPOSAL SITE:		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT:		TELEPHONE:
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH ORDER		
NAME:		TITLE:
AUTHORITY:		
DATE OF ORDER (MM/DD/YY):		DATE ORDERED TO BEGIN (MM/DD/YY):
ADDRESS:		
XV. FOR EMERGENCY RENOVATIONS ( <i>Written authorization from the APCD is required</i> ):		
DATE AND HOUR OR EMERGENCY (MM/DD/YY):		
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. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).		
_____		_____
(Signature of Owner/Operator)		(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____		_____
(Signature of Owner/Operator)		(Date)