



Jurisdiction: \_\_\_\_\_

## Air District Questionnaire

*A building permit cannot be issued unless this questionnaire is completed and submitted to the YSAQMD for approval*

This questionnaire is used to determine if a project requires an asbestos survey and/or Asbestos Demolition/Renovation notification.

Date \_\_\_\_\_ Permit # \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_

**Contractor Info:**

Company: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Owner Info:**

Company: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_

1. Describe the work scope (include Drawings, Demo plan & Room numbers/names):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Project involves one non-commercial residential building?      **YES**      **NO**      (circle)

3. Project is new construction only (no demolition or alteration of existing materials)?      **YES**      **NO**

4. Identify existing materials being disturbed or removed:      [ ] None (new construction only)

[ ] Flooring _____ SF	[ ] Ceiling _____ SF	[ ] Roofing _____ SF/Squares
[ ] Concrete _____ SF	[ ] Insulation _____ SF	[ ] Sheet Rock _____ SF
[ ] Plaster walls _____ SF	[ ] Exterior walls _____ SF	[ ] Pipe Insulation _____ Linear Ft
[ ] Other (Describe): _____		SF _____

5. Are any load bearing walls or structural members being removed or demolished?      **YES**      **NO**

**If "Yes":**      [ ] Complete Bldg. demo      [ ] Repair/replace      [ ] Single structure  
                   [ ] Partial Bldg. demo      [ ] Moving structure      [ ] Several structures # \_\_\_\_\_

Total SF of demolition area: \_\_\_\_\_ SF

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Your signature indicates that all information submitted is true, accurate and complete to the best of your knowledge)*

**Survey required?** Submit questionnaire to the Building Dept. or directly to the District at [notify@ysaqmd.org](mailto:notify@ysaqmd.org). Staff will review and notify you if survey report is needed. You may be contacted for additional information. Surveys must be performed by a certified Asbestos Consultant, CAC or Site Surveillance Tech, CSST (see survey advisory at <http://www.ysaqmd.org/permits-advisories.php>).

**I wish to submit my questionnaire, survey report & fee.** Deliver/mail hardcopy with check payable to YSAQMD to 1947 Galileo Ct., Ste. 103, Davis CA 95618. Send electronic submittals with proof of payment to [payments@ysaqmd.org](mailto:payments@ysaqmd.org) or fax to (530) 757-3670; make credit card payments at <http://www.ysaqmd.org/payments.php>. To determine the applicable fee see the fee schedule at <http://www.ysaqmd.org/asbestos/commercial.php> or consult the District. Regulated projects involving "friable" asbestos materials require a Notification form and waiting period (10 work days).

For more info, see [www.ysaqmd.org/asbestos](http://www.ysaqmd.org/asbestos) or call the District at (530) 757-3650.

<p><b>DISTRICT USE ONLY:</b></p> <p>Fee Amt: _____</p> <p>Payment Amt: _____ ( check _____ credit _____ )</p> <p>Database Entry done: _____</p> <p>Date Rec: _____ Processed by: _____</p>	<p>Questionnaire Rec: _____</p> <p>Release Approved/Date: _____</p> <p>Notes: _____</p> <p>_____</p>
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