



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

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)

<input type="checkbox"/> Flooring _____ SF	<input type="checkbox"/> Ceiling _____ SF	<input type="checkbox"/> Roofing _____ SF/Squares
<input type="checkbox"/> Concrete _____ SF	<input type="checkbox"/> Insulation _____ SF	<input type="checkbox"/> Sheet Rock _____ SF
<input type="checkbox"/> Plaster walls _____ SF	<input type="checkbox"/> Exterior walls _____ SF	<input type="checkbox"/> Pipe Insulation _____ Linear Ft
<input type="checkbox"/> 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. 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 or fax to (530) 757-3670; make credit card payments at www.ysaqmd.org/permits/make-a-payment/ (service fees apply). 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 or call the District at (530) 757-3650.

<p>DISTRICT USE ONLY:</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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