



ASBESTOS DEMOLITION AND RENOVATION NOTIFICATION FORM

If a 10 work day waiting period applies, it does not begin until the survey report, fee payment and notification are received by the District. Fee table is at: <https://www.ysaqmd.org/master-fee-schedule/>. If paying by credit card (service fees apply) you may send completed form to payments@ysaqmd.org or fax to (530) 757-3670. See instructions for completing the notification.

1. APPLICATION TYPE	2. FACILITY INFORMATION
<input type="checkbox"/> Renovation (10 work day waiting period) <input type="checkbox"/> Demolition (10 work day waiting period) <input type="checkbox"/> Emergency Renovation (requires approval) <input type="checkbox"/> Ordered Demolition (requires approval) <input type="checkbox"/> Demolition: Fire Training Exercise	Structure Name: _____ Address: _____ City & Zip: _____ No. of Floors: ____ Contact Person(s): _____ Phone: _____ Email: _____ Structure Use (current/prior): _____ Number of Structures: ____ Total Demolition area: _____ SF Renovation (Rm #/Name): _____
<input type="checkbox"/> Initial Notification Date: _____ <input type="checkbox"/> Revision Rev#: ____ Date: _____	

3. OWNER INFORMATION

Name _____
 Address _____ City, State, Zip _____
 Contact Name _____ Phone _____ Email _____
 Send correspondence to this email

4. CONTRACTOR INFORMATION

Name _____ Building Permit No. _____
 Address _____ City, State, Zip _____
 Contact Name _____ Phone _____ Email _____
 Send correspondence to this email

5. ASBESTOS CONSULTANT (CAC)

Name _____ DOSH No. _____
 Address _____ City, State, Zip _____
 Contact Name _____ Phone _____ Email _____
 Send correspondence to this email

6. ASBESTOS ABATEMENT CONTRACTOR

Name _____ DOSH No. _____
 Address _____ City, State, Zip _____
 Contact Name _____ Phone _____ Email _____
 Send correspondence to this email

7. WASTE DISPOSAL INFORMATION

Transporter Name _____ Phone _____
 Address _____ City, State, Zip _____
Disposal Site _____ Phone _____
 Address _____ City, State, Zip _____

8. PROJECT INFORMATION

Abatement Schedule: Set-up Date _____ Start Date _____ Completion Date _____

Renov / Demo Schedule: Set-up Date _____ Start Date _____ Completion Date _____

(Start date must be after the 10 work day waiting period has been met)

Asbestos being removed:

RACM:	Cat I:	Cat II:
Materials: _____ _____ _____	Materials: _____ _____ _____	Materials: _____ _____ _____
Quantity: _____ SF LF CF	Quantity: _____ SF LF CF	Quantity: _____ SF LF CF

Total Quantity of Asbestos Materials being abated: _____ SF _____ LF _____ CF

Removal Method: Hand methods Mechanical Glove bag Other: _____

Engineering Controls: Full containment/negative pressure PPE Other: _____

Asbestos Material to remain in place | Identify material & quantity

None RACM _____ Cat I _____ Cat II _____

9. Special Request Notification:

An Emergency Renovation is requested (24 hour waiting period) Approved / Denied by: _____ Date: _____

Attach a letter with the date, time & nature of the unexpected event which threatens safety, equipment or unreasonable costs.

This is a local or state agency ordered demolition Approved / Denied by: _____ Date: _____

Attach a copy of the order. Agency Contact: _____ Phone: _____

10. Signatures

I certify that an individual trained in the provisions of this Regulation (40 CFR Part 61, Subpart M) and familiar with District Rule 9.9 will be on site during the abatement process associated with this demolition/renovation notification, and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. If paying by credit card the signed application may be transmitted by facsimile (fax) or electronic mail (email), and any such signature shall have the same legal effect as an original.

Signature of Owner/Contractor

Date

MUST BE SIGNED

I certify that the above information is correct. If paying by credit card signed application may be transmitted by facsimile (fax) or electronic mail (email), and any such signature shall have the same legal effect as an original.

Signature of Owner/Contractor

Date

DISTRICT USE ONLY:

Payment Due _____ Payment Amt. _____ (check, credit card) Pmt Rec'd By: _____

Date Rec _____ Notes: _____

Stamp Date (Fee rec'd and Form Complete)

Entered Into Database By: _____ Scanned By: _____