### 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/](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

- Renovation (10 work day waiting period)
- Demolition (10 work day waiting period)
- Emergency Renovation (requires approval)
- Ordered Demolition (requires approval)
- Demolition: Fire Training Exercise

#### 2. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation</td>
<td>Structure Name: ____________________________</td>
</tr>
<tr>
<td>Demolition</td>
<td>Address: ____________________________________________________________________</td>
</tr>
<tr>
<td>Emergency Renovation</td>
<td>City &amp; Zip: __________________________________________________________________</td>
</tr>
<tr>
<td>Ordered Demolition</td>
<td>No. of Floors: ____</td>
</tr>
<tr>
<td>Demolition: Fire Training Exercise</td>
<td>Contact Person(s): __________________________________________________________</td>
</tr>
<tr>
<td>Initial Notification</td>
<td>Phone: _____________________________________________________________________</td>
</tr>
<tr>
<td>Revision</td>
<td>Email: _____________________________________________________________________</td>
</tr>
<tr>
<td>Date: ______________</td>
<td>No. of Structures: __________ Total Demolition area: __________ SF</td>
</tr>
</tbody>
</table>

#### 3. OWNER INFORMATION

- Name ______________________________________________________________________________________________________
- Address ______________________________________________________ City, State, Zip _________________________________
- Contact Name ___________________________________ Phone _____________________ Email ____________________________

#### 4. CONTRACTOR INFORMATION

- Name ______________________________________________________ Building Permit No. _____________________________
- Address ______________________________________________________ City, State, Zip _________________________________
- Contact Name ___________________________________ Phone _____________________ Email ____________________________

#### 5. ASBESTOS CONSULTANT (CAC)

- Name ______________________________________________________ DOSH No. ________________________________
- Address ______________________________________________________ City, State, Zip _________________________________
- Contact Name ___________________________________ Phone _____________________ Email ____________________________

#### 6. ASBESTOS ABATEMENT CONTRACTOR

- Name ______________________________________________________ DOSH No. ________________________________
- Address ______________________________________________________ City, State, Zip _________________________________
- Contact Name ___________________________________ Phone _____________________ 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:**

<table>
<thead>
<tr>
<th>Cat I:</th>
<th>Cat II:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials:</td>
<td>Materials:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantity: ______ SF LF CF</td>
<td>Quantity: ______ SF LF CF</td>
</tr>
</tbody>
</table>

**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** |

<table>
<thead>
<tr>
<th>[ ] None</th>
<th>RACM</th>
<th>Cat I</th>
<th>Cat II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify material &amp; quantity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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:_______