



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT  
1947 Galileo Ct., Ste. 103; Davis, CA 95618

**ASBESTOS DEMOLITION AND RENOVATION NOTIFICATION FORM INSTRUCTIONS**

**Questions may be directed to the Air District at (530) 757-3650**

*(The numbers below correspond to the item numbers on the notification form)*

1. **Application Type:** Indicate one of the following:
  - a. **RENOVATION:** Any operation other than a demolition (examples: tenant improvements or partial/complete remodels where load-bearing walls are not being removed).
  - b. **DEMOLITION:** The permanent wrecking, removal, disturbing, or burning of any load supporting structural member in a structure. Examples include removal of one or more load bearing walls, roof rafters, or razing of an entire structure.
  - c. **EMERGENCY RENOVATION** (*requires District approval*): Is not a planned renovation and results from a sudden unexpected event and applies to the abatement of the immediate hazard. See item 9 for specific requirements.
  - d. **ORDERED DEMOLITION** (*requires District approval*): Is a demolition ordered by an authorized representative of a state or local government agency and is issued because the structure is structurally unsound or in danger of imminent collapse.
  - e. **DEMOLITION: FIRE TRAINING:** Is a demolition and requires the removal of all asbestos-containing material (ACM) >1% prior to the training exercise. District approval of the burn is required on the day of the exercise.
  - f. Indicate if this is the **Initial Notification** or a **Revision** and the submittal date. Indicate the revision #. Revisions must be submitted while the notification is still active.

**NOTE:** A 10 work day waiting period is required for all notifications. The District may approve a waiver of the waiting period for qualifying **Emergency Renovations & Ordered Demolitions** (see #9 below).

2. **Facility Information:** Provide the specified information for the facility where the project is occurring.
- 3.-7. Complete Owner, Contractor, Asbestos Consultant (CAC), Abatement Contractor and Waste Disposal information.
8. **Project Information:**
  - Indicate abatement and demolition/renovation dates as applicable (factor in the 10 work day waiting period)
  - List asbestos materials & quantities “being removed” by classification. Indicate the total of all materials.
  - Indicate removal method(s) and engineering controls to be utilized during the abatement.
  - List by classification all asbestos materials that will remain in place undisturbed.
9. **Special Request Notifications:**
  - a. **Emergency Renovation:** You must attach a separate letter documenting the date, time and nature of the unexpected event and how it resulted in an emergency situation (threatens safety, equipment damage and/or unreasonable costs).
  - b. **Ordered Demolition:** Provide agency contact & phone. You must attach a copy of the order.
10. **Signatures:** For projects where asbestos materials are being abated, the **OWNER** or **CONTRACTOR** (GC or abatement contractor) must certify that an individual trained in the provisions of the Regulation (40 CFR Part 61, Subpart M) and familiar with District Rule 9.9 will be on site during all abatement activities. The second signature is to certify that the information on the form is correct and accurate.

**PAYMENT INFORMATION:** Fee payment and survey report are required for a complete notification submittal. Mail notification with check and/or money order to: **YSAQMD**, 1947 Galileo Ct, Ste. 103; Davis, CA 95618. Credit card payments can be made on-line at [www.ysaqmd.org/permits/make-a-payment](http://www.ysaqmd.org/permits/make-a-payment). If paid by credit card, the notification can be emailed to [payments@ysaqmd.org](mailto:payments@ysaqmd.org) or sent by fax to (530) 757-3670. Notifications may also be hand delivered to and fees paid at the District office.

**DO NOT MAIL A HARDCOPY IF NOTIFICATION WAS SUBMITTED ELECTRONICALLY.**



### 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. To make a payment using your credit/debit card, visit [www.ysaqmd.org/permits/make-a-payment](http://www.ysaqmd.org/permits/make-a-payment) (service fees apply). You may send this completed form to [payments@ysaqmd.org](mailto:payments@ysaqmd.org) or fax to (530) 757-3670. See instructions for completing the notification.

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