



## 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: \_\_\_\_\_