



SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL

MAIL FORM AND FEE TO SCAQMD, ASBESTOS NOTIFICATIONS, FILE # 55641, LOS ANGELES CA 90074-5641

AQMD USE ONLY	SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY		COMPANY		PHONE	
DATE	CHECK #	FEE \$	PROJECT #		
NOTIFICATION TYPE	ORIGINAL	REVISION DATES	REVISION OTHER (highlight)		CANCELLATION
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	RENOVATION (removal)	EMERGENCY REMOVAL	PLANNED RENO (annual)
SITE INFORMATION		SITE NAME			
SITE ADDRESS			CROSS STREET		
CITY	STATE	ZIP	COUNTY		
DESCRIBE WORK AND LOCATION					
BUILDING SIZE (SQ FT)	NUMBER OF FLOORS		BUILDING AGE (YEARS)	NUMBER OF DWELLING UNITS	
BLDG PRIOR / PRESENT USE	COMMERCIAL	HOSPITAL	INDUSTRIAL	Other	OFFICE
	PUBLIC BLDG.	HOUSE	SCHOOL	SHIP	UNIV/COLLEGE
SITE OWNER			ADDRESS		
CITY	STATE	ZIP	CONTACT	PHONE	
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT?	YES NO	¹ ASBESTOS SURVEY?	YES NO	ASBESTOS REMOVED?
					BUILDING TO BE DEMOLISHED?
PROJECT DATES	START	END	WORK SHIFT (day, swing, night)		
*ASBESTOS AMOUNT TO BE REMOVED - (in square feet)	FRIABLE		CLASS I	CLASS II	TOTAL AMOUNT (add row)
*ASBESTOS REMOVAL FROM	SURFACES		PIPES	COMPONENTS	
*AMOUNT OF EACH TYPE OF ASBESTOS (in square feet)	ACOUSTIC CEILING		LINOLEUM	INSULATION	FIRE PROOFING
	DUCTING	STUCCO	MASTIC		
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	ROOFING	OTHER (describe)
CONTRACTOR INFORMATION		CSLB LICENSE #	OSHA REG #	AQMD ID #	
NAME			ADDRESS		
CITY	STATE	ZIP	SITE SUPVR	PHONE	
WASTE TRANSPORTER #1			LANDFILL		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

* Not required for demolition notifications

¹ asbestos surveys are required prior to Demolition and Renovation.

Forms, instructions, and the Rule 1403 can be obtained from AQMD web site <http://www.aqmd.gov>

SCAQMD NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL
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WASTE TRANSPORTER #2			* WASTE STORAGE SITE						
ADDRESS			ADDRESS						
CITY	STATE	ZIP	CITY	STATE	ZIP				
<p>* CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE RENOVATION AND DEMOLITION SITE. Procedure # 1, 2, 3, 4, 5 or Other.</p> <p>For asbestos removals circle the combination of Rule 1403 procedures used. Procedure 4 and 5 submit plans for AQMD prior approval (See procedure 4/5 guidelines)</p>									
<p>ASBESTOS DETECTION PROCEDURE: Circle the procedures and analytical methods used to determine the presence of asbestos in the building. Survey, Bulk Sampling, Inspection, PLM, PCM, TEM, Assumed as Asbestos-PACM, Describe Other (See survey guidelines checklist):</p>									
FOR DEMOLITIONS GIVE THE COMPANY NAME AND DATES OF THE ASBESTOS REMOVAL:									
<p>FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME & PHONE #</p> <table style="width:100%;"> <tr> <td style="width:50%;">AUTHORIZING PERSON:</td> <td style="width:50%;">TITLE</td> </tr> <tr> <td>DATE OF ORDER:</td> <td>DATE ORDERED TO BEGIN:</td> </tr> </table>						AUTHORIZING PERSON:	TITLE	DATE OF ORDER:	DATE ORDERED TO BEGIN:
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<p>* FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT (<i>Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up</i>):</p> <p>EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:</p>									
<p>CONTINGENCY PLAN: DESCRIBE ACTIONS TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR ASBESTOS MATERIAL BECOME DISTURBED, CRUMBLER, PULVERIZED, OR REDUCED TO POWDER. (<i>Disturbed /damaged asbestos requires a procedure 5 plan approval prior to clean-up</i>):</p>									
<p>* TRAINING CERTIFICATION: I certify that an individual trained in the provisions of regulation AQMD Rule 1403 and NESHAP will be on site during the removal and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.</p>									
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date					
<p>INFORMATION CERTIFICATION: I certify that the above information is correct and I have enclosed any required attachments.</p>									
Company Name	Print name of owner/operator	Signature of owner/operator	Title of owner/operator	Date					
<p>Notifications can not be accepted without the required fee (Rule 301). Asbestos removals of less than 100 square feet are exempt from notification and fees. Please make checks payable to "SCAQMD". Fees are per notification, not refundable, and vary according to the project size. Fees are as follows:</p>									
PROJECT SIZE in square feet		DEMOLITION OR REMOVAL	ADDITIONAL SERVICE CHARGES						
1,000 or less -----		\$ 53.89 -----	Special Handling Fee --- \$ 53.89						
1,001 to 5,000 -----		\$ 164.76 -----	Revision to Notification- - \$ 53.89						
5,001 to 10,000 -----		\$ 385.65 -----	Returned Check Fee --- \$ 25.00						
10,001 to 50,000 -----		\$ 604.73 -----	Planned Renovation ---- \$ 604.73						
50,001 to 100,000 -----		\$ 876.40 -----	Procedure 4 or 5 Plan---- \$ 604.73						
100,001 or more -----		\$ 1,460.66 -----	Expedited 4 or 5 Plan.....\$ 302.36						
<p>ATTENTION: Keep a copy of your notification. State law requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Please mail the form and fee to AQMD. Mailing saves time, money and reduces traffic and air pollution</p>									