

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Date Received	Postmark	Notification #	
I. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
REMOVAL CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation):				
IV. IS ASBESTOS PRESENT? (Yes / No)				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg Name:				
Address:				
City:	State:	County:		
Site Location:				
Building Size:	# of Floors:	Age in Years:		
Present Use:	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:				
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below UNIT
		Cat I	Cat II	
Pipes				Ln Ft: Ln m:
Surface Area				Sq Ft: Sq m:
Vol RACM Off Facility Component				Cu Ft: Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete:
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:
XIII. WASTE DISPOSAL SITE		
Name:		
Location:		
City:	State:	Zip:
Telephone:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.		
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
		_____ (Signature of Owner/Operator)
		_____ (Date)
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
		_____ (Signature of Owner/Operator)
		_____ (Date)

Figure 3. Notification of Demolition and Renovation

(Approved by the Office of Management and Budget under control number 2060-0101)

[55 FR 48419, Nov. 20, 1990; 56 FR 1669, Jan. 16, 1991; 58 FR 18014, Apr. 7, 1993]