

MONTEREY BAY AIR RESOURCES DISTRICT
24580 SILVER CLOUD COURT, MONTEREY, CA 93940
(831)647-9411 Fax (831)647-1323

NOTIFICATION OF DEMOLITION AND RENOVATION			
1. TYPE OF NOTIFICATION: (Circle One):			
Original	Revised	Cancelled	
2. FACILITY OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:	Telephone:	Email:	
3. CONTRACTOR: (CIRCLE ONE) GENERAL DEMO ASBESTOS			
Address:			
City:	State:	Zip:	
Contact:	Telephone:	Email:	
CONTRACTOR: (CIRCLE ONE) GENERAL DEMO ASBESTOS			
Address:			
City:	State:	Zip:	
Contact:	Telephone:	Email:	
4. ASBESTOS REMOVAL DATES Start: Complete:			
DEMOLITION DATES Start: Complete:			
5. TYPE OF OPERATION (Circle One): Demo Ordered Demo Renovation Emer. Renovation			
6. FACILITY NAME: Assessors' Parcel Number:			
Address:			
City:	State:	Zip:	
Site Description:	Present Use:	Prior Use:	
Total No. of Buildings:	No. of Floors:	Age in Years:	
Square Footage for each Building:			
7. IS ASBESTOS PRESENT (Circle One): Yes No			
8. PROCEDURE USED TO DETECT THE PRESENCE OR ABSENCE OF ASBESTOS MATERIAL: (Circle One) PLM or ASSUMED (INCLUDE COPY OF ANALYTICAL REPORT IF APPLICABLE)			
Inspected by:			
9. QUANTITY OF ASBESTOS:	RACM TO BE REMOVED	NON FRIABLE ACM TO BE REMOVED	
		Category I ACM	Category II ACM
Pipes (linear ft.)			
Surface Area (square ft.)			
Vol. RACM off Facility Component (cubic ft.)			
10. TOTAL INVESTIGATION FEE AMOUNT (from Schedule of Fees to be billed): \$			
FOR OFFICIAL USE ONLY			
Postmark	Date Received	Fee Paid	Notification #

NOTIFICATION OF DEMOLITION AND RENOVATION (Continued)

11. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, INCLUDING METHOD(S) TO BE USED:

--

12. DESCRIPTION OF ASBESTOS MATERIALS:

--

13. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AND/OR DUST AT THE DEMOLITION OR RENOVATION SITE:

--

14. WASTE TRANSPORTER NAME:

Address:

City: State: Zip:

Contact Person:

15. WASTE DISPOSAL SITE NAME:

Location:

City: State: Zip:

Telephone:

16. FOR ORDERED DEMOLITIONS:

Agency Name:

Contact Name: Title:

Date of Order: Date Ordered to Begin:

17. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency:

Description of the Sudden, Unexpected Event:

--

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

--

18. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES FRIABLE:

--

19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Print Name)	(Signature of Owner/Operator)	(Date)
--------------	-------------------------------	--------

20. 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 INVOLVING RACM AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS:

(Print Name)	(Signature of Owner/Operator)	(Date)
--------------	-------------------------------	--------