

**NOTIFICATION OF DEMOLITION AND RENOVATION**

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

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Figure 3. Notification of Demolition and Renovation