



ASBESTOS DEMOLITION AND RENOVATION NOTIFICATION FORM

A building permit cannot be issued unless this notification (Form 572) or exemption (Form 574) is completed and submitted to the Butte County Air Quality Management District for approval. 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. Fee table is at: <https://bcaqmd.org/asbestos/>. If paying by credit card (service fees apply), go to <https://bcaqmd.org/make-an-online-payment/> and email form to asbestos@bcaqmd.org or mail to above address or fax to (530) 332-9416. See instructions for completing the notification.

1. Application Type	2. Facility Information
___ Renovation (10 work day waiting period) ___ Demolition (10 work day waiting period) ___ Emergency Renovation (approval required) ___ Ordered Demolition (approval required) ___ Demolition: Fire Training Exercise	Structure Name: _____ Address: _____ City & Zip: _____ No. of Floors: _____ Contact Person: _____ Phone: _____ Email: _____ Structure Use (current/prior): _____
___ Initial Notification Date: _____ ___ Revision Rev#: ___ Date: _____	Number of Structures: ___ Total Demolition area: ___ SF Renovation (Rm #/Name): _____

3. Owner Information
Name _____ Address _____ City, State, Zip _____ Contact Name _____ Phone _____ Email _____ <input type="checkbox"/> Send correspondence to this email

4. Contractor Information
Name _____ Address _____ City, State, Zip _____ Contact Name _____ Phone _____ Email _____ <input type="checkbox"/> Send correspondence to this email

5. Certified Asbestos Consultant (CAC)
Name _____ Address _____ City, State, Zip _____ Contact Name _____ Phone _____ Email _____ <input type="checkbox"/> Send correspondence to this email

6. Asbestos Abatement Contractor

Name _____
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 _____
Reno/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:

<i>Regulated Asbestos Containing Material (RACM)</i>	<i>Category I (Cat I) Nonfriable Asbestos-Containing Material</i>	<i>Category II (Cat II) Nonfriable Asbestos-Containing Material</i>
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 Method 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 270-Asbestos Demolition and Renovation 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: _____

For Office Use Only