



BUTTE COUNTY AIR QUALITY MANAGEMENT DISTRICT (DISTRICT)

629 Entler Avenue, Suite 15 Chico, CA 95928 www.bcaqmd.org

Office Phone: (530) 332-9400 (toll free 1-855-332-9400)

Counter Hours: Tuesday-Friday 7:30am-12pm

ASBESTOS DEMOLITION AND RENOVATION QUESTIONNAIRE

A building permit cannot be issued unless this questionnaire is completed and submitted to the Butte County Air Quality Management District for approval. This questionnaire is used to determine if a project requires an asbestos survey and/or Asbestos Demolition/Renovation notification.

Date: _____ **Project Name:** _____ **Address:** _____ **Zip/City:** _____

Contractor Info: Company: _____ Contact Name: _____ Email: _____ Telephone Number: _____	Owner Info: Company: _____ Contact Name: _____ Email: _____ Telephone Number: _____
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1. Describe the work scope (include drawings, demo plan & room numbers/names):

2. Project involves one non-commercial residential building? Yes No

3. Project is new construction only (no demolition or alteration of existing materials)? Yes No

4. Identify existing materials being disturbed or removed: None (new construction only)

Flooring _____ SF Ceiling _____ SF Roofing _____ SF/Squares

Concrete _____ SF Insulation _____ SF Sheet Rock _____ SF

Plaster walls _____ SF Exterior walls _____ SF Pipe Insulation _____ Linear Ft

Other (Describe): _____ SF _____

5. Are any load bearing walls or structural members being removed or demolished? Yes No

If "Yes": Complete Bldg. demo Repair/replace Single structure

Partial Bldg. demo Moving structure Several structures #

Total SF of demolition area: _____ SF

Printed name: _____ Signature: _____ Date: _____

(Your signature indicates that all information submitted is true, accurate and complete to the best of your knowledge).

Survey required? Submit questionnaire directly to the District at asbestos@bcaqmd.org. Staff will review and notify you if survey report is needed. You may be contacted for additional information. Surveys must be performed by a certified Asbestos Consultant, CAC or Site Surveillance Tech, CSST (see survey advisory at <https://bcaqmd.org/asbestos/>).

I wish to submit my questionnaire, survey report & fee. Deliver/mail hardcopy with check payable to BCAQMD, 629 Entler Avenue, Suite 15, Chico, CA 95928. Send electronic submittals with proof of payment to asbestos@bcaqmd.org or fax to (530) 332-9417; make credit card payments at <https://bcaqmd.org/make-an-online-payment/> (service fees apply). To determine the applicable fee, see the fee schedule at <https://bcaqmd.org/asbestos/> or consult the District. Regulated projects involving "friable" asbestos materials require a Notification form and waiting period (10 work days). For more info, see www.bcaqmd.org/asbestos or call the District at (530) 332-9400.

DISTRICT USE ONLY: Fee Amt: _____ Payment Amt: _____ (Check _____ Credit: _____) Database Entry Done: _____ Date Received: _____ Processed By: _____	Questionnaire Received Date: _____ Release Approved/Date: _____ Inspector Signature: _____ Notes: _____
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