



**Asbestos Notification Form ENF-62 for Demolition or Renovation**

Ventura County Air Pollution Control District  
 4567 Telephone Road, 2nd Floor Ventura, California 93003  
 Contact: Kourtney Heald 805/303-3702 or  
 Ken Hall 805/303-3709 [asbestos@vcapcd.org](mailto:asbestos@vcapcd.org)

**NOTIFICATION OF DEMOLITION OR RENOVATION**

Notifications for non-residential renovation or demolition operations shall be delivered no later than 10 working days prior to commencement of demolition or renovation work.

*Only typed forms will be accepted*

NOTIFICATION MUST ALSO BE SENT TO CAL-OSHA (EPA REGION IX DOES NOT REQUIRE A COPY OF NOTIFICATION). CAL-OSHA ~ 6150 Van Nuys Blvd, Suite 405, Van Nuys, CA 91401 PHONE: 818/901-5403 FAX: 818/901-5578 (Prefer FAX)			
<b>I. TYPE OF NOTIFICATION</b> Original Revised Cancelled IF REVISION, state: Change in amount, start/completion date, other?			Owner/Contractor Project #
<b>II. FACILITY INFORMATION</b> [Identify owner and removal contractor]			
PROPERTY OWNER(S):			
ADDRESS: [No Post Office Boxes]			
CITY:		STATE:	ZIP:
CONTACT:		TELEPHONE:	Email:
REMOVAL CONTRACTOR:			
ADDRESS: [No Post Office Boxes]			
CITY:		STATE:	ZIP:
CONTRACTOR'S SITE FOREMAN:		ABATEMENT CONTRACTOR OFFICE TELEPHONE:	
RULE 62.7.B.2.K: For operations involving the removal of friable ACM, Ventura County APCD requires proof of California State Contractor's License Certification #, CAL OSHA Reg. #, and date of expiration			
CA STATE CONTRACTOR LIC. NO.		CAL OSHA REG. NO.	EXPIRATION DATE:
<b>III. TYPE OF OPERATION:</b>	DEMO <i>Demo definition: Removal of load bearing wall.</i>	ORDERED DEMO	RENOVATION EMERGENCY RENOVATION
IV. IS ASBESTOS PRESENT?	YES	NO	
V. FACILITY DESCRIPTION [Include building name, number, and floor or room number]			
BUILDING NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
BUILDING SIZE (sqft):		NUMBER OF FLOORS:	
SITE LOCATION: [i.e., basement, attic, crawl space, etc.]			
PRESENT USE:		PRIOR USE:	
<b>VI. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:</b>			
Description of friable asbestos to be removed (i.e., TSI, aircell)		List Unit of measurements below (Rule 62.7.B.2.f requires pipe measurement in BOTH LnFt & SqFt)	If demolition: Amount of nonfriable asbestos containing material subject to Rule 62.7.C:
		UNITS	
Pipes		LnFt:	SqFt: Category I: SqFt.
Surface area or volume		SqFt:	CuFt: Category II: SqFt
<b>VIII. Scheduled dates asbestos removal (mm/dd/yyyy)</b>	Start:	Complete:	
<b>IX. Scheduled dates demo (mm/dd/yyyy)</b>	Start:	Complete:	

VCAPCD Notification No. \_\_\_\_\_

<b>XII. WASTE TRANSPORTER #1</b>		
NAME:		
ADDRESS: [No post office box numbers]		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
<b>XIII. WASTE TRANSPORTER #2</b>		
NAME:		
ADDRESS: [No post office box numbers]		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
<b>XIV. WASTE DISPOSAL SITE</b>		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
<b>XV. IF DEMOLITION ORDERED BY GOVERNMENTAL AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
NAME:	TITLE:	
AGENCY:		
DATE OF ORDER: [mm/dd/yyyy]	DATE ORDERED TO BEGIN: [mm/dd/yyyy]	
<b>XVI. FOR EMERGENCY RENOVATIONS [Attach additional sheets if necessary]</b>		
EMERGENCY DATE [mm/dd/yyyy]:	TIME (am/pm):	
DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:		
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN TO PROPERTY OWNER:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (RULE 62.7.B.2.n) 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.		
PRINT OWNER/OPERATOR NAME _____	SIGNATURE OF OWNER/OPERATOR _____	DATE _____
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. NOTE: MISSING SIGNATURE WILL RESULT IN</b>		
PRINT OWNER/OPERATOR NAME _____	SIGNATURE OF OWNER/OPERATOR _____	DATE _____



**Asbestos NESHAP Fees**

<b>Demolition Projects without Asbestos:</b>	
Notification Fee	\$ 176.80
<b>Demolition or Renovation Projects with Asbestos:</b>	
Greater than or equal to 100 but less than 1,000 square feet of asbestos containing material (100 – 999 sqft)	\$ 270.40
Greater than or equal to 1,000 but less than 5,000 square feet of asbestos containing material (1,000 – 4,999 sqft)	\$ 644.80
Greater than or equal to 5,000 square feet of asbestos containing material (≥ 5,000 sqft)	\$ 1014.00
<b>Revisions:</b>	
Any notification revision	\$ 62.40

Payment shall be due prior to the commencement of asbestos removal per [Rule 45.2](#).

**NOTIFICATION SUBMITTAL:** Original notifications and revisions may be submitted by email (PDF required), mail, or hand delivered. Email completed forms to [asbestos@vcapcd.org](mailto:asbestos@vcapcd.org) (preferred). Notifications for non-residential renovation or demolition operations shall be typewritten and postmarked or delivered no later than 10 working days prior to commencement of demolition or renovation work. Notifications for residential renovation or demolition operations shall be typewritten and received by the District prior to commencement of demolition or renovation work.

**FEE PAYMENT:** Payment may be made online, check, or cash. Submit online payments here: <https://www.govpaynow.com/gps/user/cyg/plc/a004cn>

**DEMOLITION:** Notification and 10 working day wait required on all subject demolitions even if Asbestos Containing Material (ACM) is not present.

**RENOVATION:** A separate notification is required for each planned renovation operation involving 100 square feet or more of ACM except Category I nonfriable ACM that is removed in accordance with the requirements of Subsection E.2.a of [Rule 62.7](#).

**DEMOLITION:** A separate notification is required for each planned demolition operation where any amount of ACM is present.

**REVISIONS:** Revisions are required if there are any changes to removal or demolition dates, amounts of asbestos present or removed, or to contractors, transporters, or disposal site. Each revision shall be assessed a fee of \$62.40.

\*Additional fees MAY apply to any project if significant APCD staff time is needed to determine compliance. For additional information, an Asbestos NESHAP Notification Form, or other Asbestos related issues, visit our website at <http://www.vcapcd.org/asbestos.htm> or call either VCAPCD Inspector Ken Hall at (805) 303-3709 or Kourtney Heald (805) 303-3709