



## NOTIFICATION OF DEMOLITION OR RENOVATION

*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)			
I. TYPE OF NOTIFICATION [O-Original R-Revised C-Cancelled] IF REVISION, state: Change in amount, start/completion date, other?			Owner/Contractor Project #
II. FACILITY INFORMATION [Identify owner and removal contractor] PROPERTY OWNER(S):			
ADDRESS: [No Post Office Boxes]			
CITY:	STATE:	ZIP:	
CONTACT:		TELEPHONE:	
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:
III. TYPE OF OPERATION: [D-DEMO, O-ORDERED DEMO, R-RENOVATION, E-EMERGENCY RENOVATION]			
IV. IS ASBESTOS PRESENT? <span style="margin-left: 150px;">YES</span> <span style="margin-left: 150px;">NO</span>			
V. FACILITY DESCRIPTION [Include building name, number, and floor or room number]			
BUILDING NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
BUILDING SIZE:	NUMBER OF FLOORS:	AGE IN YEARS:	
SITE LOCATION: [i.e., basement, attic, crawl space, etc.]			
PRESENT USE:		PRIOR USE:	
VI. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:			
VII. Approximate amount of asbestos to be removed:	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  _____ UNITS	If demolition: Amount of nonfriable asbestos containing material subject to Rule 62.7.C:
Pipes		LnFt: _____	SqFt: _____ Category I: _____ SqFt.
Surface area or volume		SqFt: _____	CuFt: _____ Category II: _____ SqFt
VIII. Scheduled dates asbestos removal (mm/dd/yy)		Start: _____ Complete: _____	
IX. Scheduled dates demo (mm/dd/yy)		Start: _____ Complete: _____	

NOTIFICATION OF DEMOLITION OR RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION WORK, AND METHOD(S) TO BE USED: (Do not list South Coast Procedures.)		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: (Do not list South Coast Procedures.)		
XII. WASTE TRANSPORTER #1		
NAME:		
ADDRESS: [No post office box numbers]		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
XIII. WASTE TRANSPORTER #2		
NAME:		
ADDRESS: [No post office box numbers]		
CITY:	STATE:	ZIP:
CONTACT:		
XIV. WASTE DISPOSAL SITE		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT:	TELEPHONE:	
XV. IF DEMOLITION ORDERED BY GOVERNMENTAL AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:	TITLE:	
AUTHORITY:		
DATE OF ORDER: [mm/dd/yy]	DATE ORDERED TO BEGIN: [mm/dd/yy]	
XVI. FOR EMERGENCY RENOVATIONS [Attach additional sheets if necessary]		
DATE AND HOUR OF EMERGENCY [mm/dd/yy]		
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. [Attach additional sheets if necessary]		
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. <b>NOTE: MISSING SIGNATURE WILL RESULT IN NOTIFICATION BEING RETURNED AS INCOMPLETE.</b>		
_____	_____	_____
PRINT OWNER/OPERATOR NAME	SIGNATURE OF OWNER/OPERATOR	DATE
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <b>NOTE: MISSING SIGNATURE WILL RESULT IN NOTIFICATION BEING RETURNED AS INCOMPLETE.</b>		
_____	_____	_____
PRINT OWNER/OPERATOR NAME	SIGNATURE OF OWNER/OPERATOR	DATE