

**NOTICE OF ASBESTOS RENOVATION OR DEMOLITION**

TYPE OF NOTICE (CHECK ONE ONLY):	ORIGINAL	REVISED	CANCELLATION	COURTESY
TYPE OF PROJECT (CHECK ONE ONLY):	DEMOLITION	RENOVATION		
IF DEMOLITION, IS IT AN ORDERED DEMOLITION?		YES	NO	
IF RENOVATION:				
IS IT AN EMERGENCY RENOVATION OPERATION?		YES	NO	
IS IT A PLANNED RENOVATION OPERATION?		YES	NO	

I. Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Site \_\_\_\_\_ Consultant Inspecting Site \_\_\_\_\_  
 Building Size \_\_\_\_\_ (Square Feet) # of floors \_\_\_\_\_ Age in Years \_\_\_\_\_  
 Prior Use: School/College/University Residence Small Business Other \_\_\_\_\_  
 Present Use School/College/University Residence Small Business Other \_\_\_\_\_

II. Facility Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

III. Contractor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Florida License No. \_\_\_\_\_ is the contractor exempt from licensure under section 469.004(7).F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)  
 Asbestos Removal (mm/dd/yyyy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_  
 Demo/Renovation (mm/dd/yyyy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

V. Procedures to be Used (Check All That Apply):  
 Strip and Removal Glove Bag Bulldozer Wrecking Ball  
 Wet Method \*Dry Method Explode Burn Down  
 Other \_\_\_\_\_  
 \*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: \_\_\_\_\_

VII. Asbestos Waste Transporter: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VIII. Waste Disposal Site: Name \_\_\_\_\_ Class \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IX. Amount of RACM or ACM  _____ square feet surfacing material _____ linear feet pipe _____ cubic feet of RACM off facility components _____ square feet cementitious material _____ square feet resilient flooring _____ square feet asphalt roofing	X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)  <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition of renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

_____ (Signature of Owner/Operator)	_____ (Date)
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**DEP USE ONLY: Postmark/Date Received** \_\_\_\_\_ **ID #:** \_\_\_\_\_

## INSTRUCTIONS

The state asbestos removal program requirements of s. 376.60. F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61. Subpart M, as embodied in Rule 62-257. F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.

If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200. F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information; however, a Florida license number or disclosure of that number is not required to comply with the notice requirements.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Check the methods and procedures to be used. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800. F.A.C., requires obtaining Department approval prior to using a dry removal method).
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously).
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400. F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (DO NOT FAX). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Store Road, Tallahassee, FL 32399-2400.