

Antelope Valley Air Quality Management District

2551 West Ave H, Suite 102, Lancaster, CA 93536

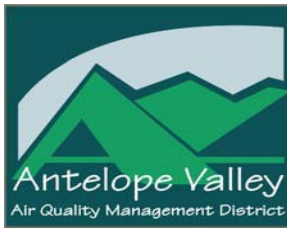
Phone: 661.723.8070

www.avaqmd.ca.gov

For District Use Only

AVAQMD APPROVAL:	Date Received	Check #	Notification #
		Amount Received	

Notification of Demolition/Renovation		Please submit to: asbestosdemo@avaqmd.ca.gov Please refer to Rule 302 for Asbestos Fee.	
CSLB License:		License Expiration:	
1. Type of Notification			
<input type="checkbox"/> Original <input type="checkbox"/> Revised (highlight areas below that have been revised) <input type="checkbox"/> Cancelled			
2. Facility Owner			
Name:			
Address:			
City/State/Zip:			
Contact:		Phone:	
3. Abatement Contractor			
Name:			
Address:			
City/State/Zip:			
Contact:		Phone:	
4. Demo/Reno Contractor			
Name:			
Address:			
City/State/Zip:			
Contact:		Phone:	
5. Project Type			
<input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Demolition by Fire <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Planned Renovation			



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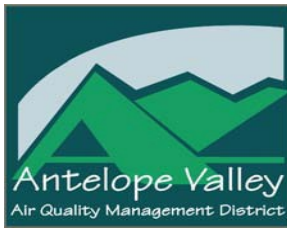
6. Asbestos Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Asbestos Survey? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Asbestos Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Building to be Demolished? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date:	Date:	Date:

10. Facility Description Building Name: Parcel #: Address: City/State/Zip: Site Location: Building Size: # of Floors: Age in Years: Present Use: Prior Use:
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11. Procedure (Include analytical method, if appropriate, used to detect the presence of asbestos material) Name of laboratory used:
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12. Asbestos Amount to be Removed:				
	Friable	Cat 1	Cat 2	Describe the Asbestos Material
On Pipes				
Surface Areas (ft²)				
Totals (add columns)				Grand Total(add rows)
*Fee is based on grand total				
**To convert linear feet to square feet, use the following equation: $ft^2=3.14 \times \text{Diameter} \times \text{Length}$				

13. Scheduled Dates Asbestos Set Up Start: Removal Start: Complete: Demo/Reno Start: Demo/Reno Complete:
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14. Describe the Planned Demolition, Including Method to be used:	
15. Describe the Work Practices and Engineering Controls used to Prevent Emissions of Asbestos on Site:	
16. Waste Transporter	17. Waste Disposal Site
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	Contact:
Phone:	Phone:
18. Ordered Demolition (Include a copy of the order)	
Agency Name:	
Authorizing Person:	Title:
Date of Order:	Order Start:
19. Emergency Renovations	
Date and Hour of Emergency:	
Describe the unexpected event:	
Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	
20. Describe the procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder:	
Certification Under Penalty of Perjury	
I certify that an individual trained in the provisions of this regulation (40 CFR, Part 61, Subpart M) 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 the normal business hours. (Required 1 year after promulgation)	
Signature of Owner/Operator:	Date:
The undersigned, under the penalty of law, states to the best of my knowledge, that the above information is true and correct.	
Signature of Responsible Party:	Official Title:
Type or Print Name of Signer:	Date:
Contact Telephone Number:	