



INSTRUCTIONS

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

A National Emission Standard for Hazardous Air Pollutants (NESHAP) Demolition/Renovation notification is required by the Forsyth County Code to be submitted to the Forsyth County Office of Environmental Assistance & Protection (Office) when the following activities are planned at a facility according to Subchapter 3D-1110. (40 CFR, Part 61, Subpart M):

1. All demolition projects (including intentional burning) where demolition is defined as the wrecking or taking out of any load-supporting structural members of a facility.
2. All renovation projects involving removal of regulated asbestos containing material (RACM) equaling or exceeding 260 linear feet, 160 square feet, or 35 cubic feet.

A Forsyth County Permit Application shall be filled out in its entirety with the completed application submitted to the Office at least 10 working days prior to the start of any demolition activities or asbestos removal. An incomplete application will be returned to the applicant to be completed for resubmittal. The ten (10) day notification requirement will begin according to the postmark date (or the date received for demolition activities) once the Office determines the application to be complete. A Renovation Notification will be considered incomplete until the Office has received applicable permit fees.

DEFINITIONS: For purposes of this application/notification, the following definitions shall apply:

Facility means any institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential buildings having four or fewer dwelling units).

Regulated Asbestos Containing Material (RACM) means

- (a) Friable asbestos material,
- (b) Category I nonfriable ACM that has become friable,
- (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading, or
- (d) Category II nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations regulated by NESHAP.

Working day means Monday through Friday and includes holidays that fall on any of the days Monday through Friday.

PREPARATION: All information pertinent to the removal, renovation and/or demolition must be completed and submitted with applicable permit fees to:

Forsyth County
Office of Environmental Assistance & Protection
201 N Chestnut Street
Winston-Salem, North Carolina 27101

Telephone: (336) 703-2440
asbestos@forsyth.cc

Renovation notifications require a physical copy with an original signature to be mailed to sent to the physical address above. Demolition notifications may be sent via email.

1. **OPERATION TYPE:** Indicate the type of notification (Asbestos Removal, Emergency Asbestos Removal, Removal for Demolition, Demolition, Ordered Demolition).
2. **IS ASBESTOS PRESENT:** Indicate whether asbestos is present by checking Yes or No.
3. **FACILITY INFORMATION:** Enter the name of the *facility owner*, the owner's mailing address including PO Box number or street, city, state, zip code, contact person, and telephone number of contact person.

Other operator includes representatives of the facility owner, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name, full mailing address, contact person, and telephone number of contact person.

If regulated asbestos containing material (RACM) is to be removed, complete the name of the *asbestos removal contractor*, the contractor's full mailing address, contact person, and telephone number of contact person.



For demolition projects following the removal of RACM, complete the name of the *demolition contractor*, the contractor's full mailing address, contact person, and telephone number of contact person.

When no asbestos removal is required prior to demolition, the removal contractor information is not required.

Supervising Air Monitor: Enter the name of the North Carolina accredited supervising air monitor and the supervising air monitor's North Carolina accreditation number if applicable.

Abatement Designer: Required for all individually permitted asbestos removals conducted in public areas consisting of more than 3000 square feet (281 square meters), 1500 linear feet (462 meters), or 656 cubic feet (18 cubic meters) of RACM. Enter the name of the North Carolina accredited abatement designer and the abatement designer's North Carolina accreditation number if applicable.

4. **FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished, the physical address including street number and name, city, state, and county. Asbestos removal site location should include the building number, floor number, and room number(s), if applicable. Complete building size in square feet, number of floors in building, the age of the building, and its present use, prior use, and future use.
5. **SCHEDULED DATES:** For asbestos removal, complete the removal start date and the removal complete date. Start date means the date on which activities on a permitted asbestos removal requiring the use of accredited workers and supervisors begin, including removal area isolation and site preparation or any other activity which may break up, dislodge, or similarly disturb asbestos containing materials. **This notification is required to be submitted at least ten (10) working days prior to the start date.**

For demolition projects, enter demolition start date and demolition complete date. **This notification is required to be submitted at least ten (10) working days prior to the start date.**

6. **WORK SCHEDULE:** Circle all days when asbestos removal activities are to occur. Enter the working hours of asbestos removal activities.
7. **INSPECTION INFORMATION:** Enter the North Carolina accredited inspector's name and their North Carolina accreditation number. This information is required for demolitions. Enter date(s) the inspection was conducted. Check the yes or no box for Samples Collected; if Samples Collected is yes, then indicate the analytical method used to analyze the samples. Materials may be assumed to be RACM in lieu of an inspection for purposes of asbestos removals. Indicate yes or no for assumed ACM.
8. **SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:** Enter a brief description of the planned asbestos removal and/or demolition work. Include description of facility components being renovated or demolished, description of work practices and engineering controls to be used to prevent emissions of asbestos at the renovation/demolition site. Include description of procedures to be followed in the event that unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized, or reduced to powder. Use additional pages if the provided blank space is insufficient. **A copy of the Asbestos Survey must accompany all notifications; the survey must include at a minimum the chain of custody and sample analysis forms.**
9. **ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES:** Check all appropriate boxes. If "Other" is checked, provide a detailed explanation of work practices to be followed. Use additional pages if the provided space is insufficient. NOTE: Dry removal requires prior written approval from the Office. Attach copy of approval letter to the completed application.

For instructional fire training only: If the building is to be demolished by burning for instructional fire training, please contact the Office for information on additional notification requirements.

10. **ASBESTOS WASTE TRANSPORTER #1:** Complete the name, full mailing address, contact person, and telephone number of contact person associated with the waste transporter contracted to transport the waste to an approved landfill.
11. **ASBESTOS WASTE TRANSPORTER #2:** Where a waste transporter is contracted in conjunction with or separate from Waste Transporter #1, enter the waste transporter's name, full mailing address, contact person, and telephone number of contact person.
12. **ASBESTOS WASTE DISPOSAL SITE #1:** Complete the name, full location of the waste disposal site where the asbestos containing waste and/or demolition debris will be disposed, contact person at the waste disposal site, and telephone number of contact person.



13. **ASBESTOS WASTE DISPOSAL SITE #2:** Where waste is being disposed at an additional site separate from Waste Disposal Site #1, enter the name, complete location of the second waste disposal site where the asbestos containing waste and/or demolition debris will be disposed, contact person at the waste disposal site, and telephone number of contact person.
14. **IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY:** Complete the name, title, authority, the date of the order, and the date the demolition is ordered to begin. Attach a copy of the order to the completed permit application.
15. **APPLYING FOR AN EMERGENCY RENOVATION PERMIT:** Attach a letter from owner or operator stating the date and hour the emergency occurred. Include a description of the sudden, unexpected event that resulted in an emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.
16. **AMOUNT OF ACM TO REMAIN:** Enter the amount of ACM in the affected facility components that will remain in place and not become RACM.
17. **RACM TO BE REMOVED AND ASSESSMENT OF FEES:** For each type of facility component applicable, enter the amounts of Regulated Asbestos Containing Material (RACM) being removed at the site. If friable RACM is removed intact and undisturbed no fee is required (e.g., HVAC tape). When RACM to be removed is greater than 35 cubic feet, 160 square feet and/or 260 linear feet, compute the fees as outlined on the form. Complete totals (A-1) and (A-2). Enter the total linear feet, total square feet, and total cubic feet to be removed.

To calculate fees for joint compound used in wallboard systems, use 10% of the total square footage of the wallboard system to be removed (example: 1600 Total ft² of wall x 0.1 = 160 x \$0.10/ft² = \$16.00 in fees).
18. **RENOVATION FEES DUE:** [A] Calculate the sum of Total (A-1) and Total (A-2) and enter the amount. [B] Enter asbestos removal contract price and multiply by 0.01 (1%) and enter total.

Enter the total renovation fee due, whichever is the greater of A or B. The maximum fee due for asbestos removal prior to demolition is \$1,500.00.
19. **CERTIFICATION:** Enter all information requested. **Notifications shall be completed with an original signature. For all Renovation Notifications, a physical copy of the notification shall be delivered to the Office.**

Upon approval of the Application/Notification, a permit number will be assigned to the removal and/or demolition project and a one-page project Permit will be issued to the applicant. The project Permit and all revisions must be on-site and available for review throughout the duration of the project.

The Forsyth County Office of Environmental Assistance & Protection has been delegated NESHAP administrative and enforcement responsibility by the US Environmental Protection Agency, and its asbestos program is therefore subject to federal court rulings and EPA policy and interpretation. Additional permits may still be required for demolition/renovation activities in Forsyth County and its incorporated municipalities. A permit from the State of North Carolina for asbestos removal and/or demolition is required. It is the responsibility of the applicant to verify that all permits are obtained prior to the initiation of any activity. For further information regarding the state's asbestos requirements, please contact:

Health Hazards Control Unit
NCDHHS – Division of Public Health
1912 Mail Service Center
Raleigh, North Carolina 27699-1912

Telephone: 919-707-5950

For Additional Forms and Information

Please contact the Forsyth County Office of Environmental Assistance & Protection at (336) 703-2440, asbestos@forsyth.cc, or go to our website at <https://www.forsyth.cc/EAP/default.aspx>.