



ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION / RENOVATION OPERATIONS

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		9	NOTES:			
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1. OPERATION TYPE: () Asbestos Removal () Emergency Asbestos Removal () Removal for Demolition () Demolition () Ordered Demolition

2. IS ASBESTOS PRESENT? () Yes () No

3. FACILITY INFORMATION *(Identify owner, other operator, contractors, air monitor, and designer)*

Owner Name:

Address:

City: State: Zip:

Contact Person: Contact Phone:

Other Operator (other than owner):

Address:

City: State: Zip:

Contact Person: Contact Phone:

Asbestos Removal Contractor:

Address:

City: State: Zip:

Contact Person: Contact Phone:

Demolition Contractor:

Address:

City: State: Zip:

Contact Person: Contact Phone:

SUPERVISING AIR MONITOR: NC Accreditation Number:

ABATEMENT DESIGNER: NC Accreditation Number:

4. FACILITY DESCRIPTION *(Including building name, number, floor, and room number)*

Building Name:

Address:

City: State: North Carolina County: Forsyth Zip:

Asbestos Removal Site Location:

Building Size: sq. ft. # of Floors: Year Built:

Present Use: Prior Use:

5. SCHEDULED DATES

Asbestos Removal (mm/dd/yyyy) Start: Complete:

Demolition (mm/dd/yyyy) Start: Complete:

6. WORK SCHEDULE (Check days applicable): MON TUE WED THU FRI SAT SUN **WORK HOURS:**



7. ASBESTOS INSPECTION/SURVEY INFORMATION			
Inspector Name:		NC Accreditation Number:	
Date of Inspection:	Samples Collected: () Yes () No		Samples Analyzed: () PLM () TEM
Materials May Be Assumed ACM for Renovation/Removal Purposes; Assumed ACM: () Yes () No If yes, please define Assumed ACM (e.g., vinyl composite tile):			
8. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION. *USE ADDITIONAL PAGES IF NEEDED.*			
9. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply)			
ASBESTOS REMOVAL		DEMOLITION	
() Containment	() Remove Intact	() Negative Pressure	() Bulldozer/Loader
() Wet Methods	() Rotating Blade Roof Cutter	() Dry Removal	() Wrecking Ball
() Strip & Removal	() Mechanical Chipping	Requires Prior Written Approval from the Office. Attach copy of approval letter.	() Implode
() Glove Bag	() Component Removal		() Instructional Fire Training
() Other – Explain Below	() Mechanical Buffer		(Refer to #9 of the instructions)
<i>(Use Additional Pages If Needed)</i>			
10. WASTE TRANSPORTER #1			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Contact Phone:	
11. WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Contact Phone:	
12. WASTE DISPOSAL SITE #1			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Contact Phone:	
13. WASTE DISPOSAL SITE #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Contact Phone:	



14. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW. (Attach copy of order.)			
Name:		Title:	
Authority:			
Date of Order (mm/dd/yyyy):		Date Demolition Ordered to Begin (mm/dd/yyyy):	
15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN NOTIFICATION DAY PERIOD: () Yes () No <i>(If Yes, attach letter - See instruction # 15.)</i>			
16. AMOUNT OF ACM TO REMAIN <i>(Indicate whether Linear Feet, Square Feet, or Cubic Feet)</i>			
Category I:		Category II:	
17. RACM TO BE REMOVED AND ASSESSMENT OF FEES <i>(Required to be included with notification for Renovation.)</i>			
(A-1) Type of RACM	Quantity x 0.10 = FEE	(A-2) Type of RACM	Quantity x 0.20 = FEE
Flooring/ mastic _____ ft ²	x 0.10 = \$ _____	Pipe insulation (TSI) _____ ft	x 0.20 = \$ _____
Ceiling tile _____ ft ²	x 0.10 = \$ _____	Boiler insulation (TSI) _____ ft ²	x 0.20 = \$ _____
Cementitious materials _____ ft ² <i>(Siding, roofing, wallboard panels)</i>	x 0.10 = \$ _____	Surfacing material _____ ft ²	x 0.20 = \$ _____
Roofing _____ ft ²	x 0.10 = \$ _____	Other _____ ft ² /ft ³	x 0.20 = \$ _____
Other _____ ft ² /ft ³	x 0.10 = \$ _____		
TOTAL (A-1) _____ ft ²	x 0.10 = \$ _____	TOTAL (A-2) _____ ft ² /ft ³	x 0.20 = \$ _____
TOTAL FT TO BE REMOVED:	TOTAL FT² TO BE REMOVED:	TOTAL FT³ TO BE REMOVED:	
18. RENOVATION FEES DUE			
A. The total of A-1 \$ _____ plus A-2 \$ _____ = \$ _____			
B. Asbestos Removal Contract Price \$ _____ x 1.0% = \$ _____			
C. Total Fees for Asbestos Removals Prior to Demolition shall not exceed \$1,500			
Total renovation fee = \$ _____ (Greater of A or B)			
Make Checks Payable to: Forsyth County General Fund			
19. I certify to the accuracy of the plans, specifications, and supplemental data submitted with this application and do hereby agree that in the event that unexpected RACM is found or ACM becomes RACM, the Forsyth County Office of Environmental Assistance and Protection will be notified. I understand that any misinformation or misrepresentation will be grounds for the modification or revocation of any permit based on this application and may also be a violation of air quality regulations. I further certify that this project will be conducted in accordance with 40 CFR Part 61, Subpart M (NESHAP) and that I am an authorized agent of the permittee.			
_____ Signature of Owner/Operator		_____ Name	
_____ Company		_____ Date	
Telephone: _____		Email: _____	
		Fax #: _____	
NOTE: The completed/approved notification/application shall be delivered to the Forsyth County Government Center mailing address below. Demolition notifications may be sent via email: asbestos@forsyth.cc			
PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM AND APPLICABLE PERMIT FEES TO THE FOLLOWING MAILING ADDRESS:			
Forsyth County Government Center Office of Environmental Assistance and Protection 201 N. Chestnut Street Winston-Salem, North Carolina 27101		Telephone: 336-703-2440 Email: asbestos@forsyth.cc Website: www.co.forsyth.nc.us/EAP	