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## ASBESTOS NESHAP ACTIVITY PERMIT APPLICATION AND NOTIFICATION OF DEMOLITION & RENOVATION

<b>THIS LINE FOR REGULATORY AGENCY USE ONLY:</b>	POSTMARK, HAND-DELIVERY, SUBMITTAL DATE:	PERMIT #
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**1. TYPE OF NOTIFICATION**     ORIGINAL;     REVISION # \_\_\_\_\_;     CANCELLATION;     COURTESY

**2a. FACILITY OWNER INFORMATION**

Name of Company Or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**2c. DEMOLITION CONTRACTOR/OPERATOR:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3. TYPE OF OPERATION:**     Renovation;  Emergency Renovation;  Demolition;  Ordered Demolition;  Annual Non-Scheduled OPS

<b>4. IS ASBESTOS PRESENT?</b>  _____ YES    _____ NO	<b>DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART, BY AN ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) CERTIFIED BUILDING INSPECTOR:</b> _____/_____/_____
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**5. FACILITY DESCRIPTION** (Attach site location map for multiple structures at one street address or installation)

Building or Facility Name: _____	Visible Signage: _____
Street Address: _____	Identifying Features: _____
City: _____	County: PIMA    State: AZ    Zip: _____
Building Size in Floor Area (Sq. Ft.): _____	Number Of Floors Affected: _____    Age Of Facility in Years: _____
If Residential, Number Of Dwelling Units: _____	Present Use: _____    Prior Use: _____

**6. PROCEDURE, INCLUDING ANALYTICAL METHOD, TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM:**     Polarized Light Microscopy [PLM];  Point Counting;  Assumed;  Other \_\_\_\_\_

NVLAP Laboratory Name \_\_\_\_\_    Number Of Samples \_\_\_\_\_    Date Analyzed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:  (RACM= Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141.)	<b>AMOUNT OF RACM TO BE REMOVED OR GENERATED</b> NOTE: Revise notice when amount of RACM changes more than 20%.	Amount of Nonfriable ACM To Be Removed Prior to Demolition		Amount of Nonfriable ACM Not To Be Removed During Demolition	
		CAT I	CAT II	CAT I	CAT II
<b>On Facility Components; PIPES (LINEAR FEET)</b>					
<b>On Facility Components; SURFACE AREA (SQUARE FEET)</b>					
<b>On Facility Components; VOLUME (CUBIC FEET)</b>					

**8. DATES FOR ASBESTOS REMOVAL:**    START DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    COMPLETION DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**9. DATES FOR DEMOLITION/RENOVATION:**    START DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    COMPETION DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>10. DESCRIPTION OF PLANNING DEMOLITION/RENOVATION WORK:</b>			
<input type="checkbox"/> Thermal System Insulation; <input type="checkbox"/> Ceiling Texture/Tiles; <input type="checkbox"/> Duct/Seam Tape; <input type="checkbox"/> Regulated Drywall System; <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe; <input type="checkbox"/> Asbestos Cement Shingles; <input type="checkbox"/> VAT/Mastic; <input type="checkbox"/> Asbestos Cement Siding; <span style="float:right">≥5580 sq ft w/rotating blade cut</span> <input type="checkbox"/> Complete Demolition; <input type="checkbox"/> Partial Demolition; Other, please specify: _____ REMOVAL METHODS: <input type="checkbox"/> Hand/Non-Mechanical Tools; <input type="checkbox"/> Mechanical/Power Tools; <input type="checkbox"/> Mastic Solvents; <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
<b>11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:</b>			
<input type="checkbox"/> Adequately Wet; <input type="checkbox"/> Full Containment; <input type="checkbox"/> Critical Barriers; <input type="checkbox"/> Negative Air Machines, No. ____ of units to be used; <input type="checkbox"/> Glove-Bag; <input type="checkbox"/> Leak-Tight Wrap; <input type="checkbox"/> 6-mil Bags; <input type="checkbox"/> Mini-containment; <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work; <input type="checkbox"/> Other, Describe _____			
<b>12a. ASBESTOS WASTE TRANSPORTER #1:</b>			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Fax: _____	
<b>12b. ASBESTOS WASTE TRANSPORTER #2:</b>			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Fax: _____	
<b>13. ASBESTOS WASTE DISPOSAL SITE:</b>			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Fax: _____	
<b>14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER</b>			
Name: _____	Title: _____		
State or Local Government Agency: _____	Authority: _____		
Date of Order: _____	Date Demolition Ordered to Begin: _____		
<b>15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))</b>			
Date and Hour of Emergency (MM/DD/YY-HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable damage or an unreasonable financial burden: _____			
<b>16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:</b>			
<input type="checkbox"/> Stop Work; <input type="checkbox"/> Notify Owner; <input type="checkbox"/> Revise Notification; <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures; <input type="checkbox"/> AHERA Certified Contractor/Supervisor On-site			
<b>17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRATOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE.</b>			
_____	_____	_____	_____
(Print Name: Owner/Operator)	(Title)	(Signature of Owner/Operator)	(Date)
<b>18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR:</b>			
_____	_____	_____	_____
(Print Name of Inspector)	(Training Provider)	(AHERA Certificate Number)	(Expiration Date)
<b>19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b> Company Name: _____ Revison Date _____			
_____	_____	_____	_____
(Print Name: Owner/Operator)	(Title)	(Signature Of Owner/Operator)	(Date)