

**PIMA COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY
33 N. STONE AVE, SUITE 730, TUCSON, AZ 85701
ASBESTOS NESHAP NOTIFICATION & PERMIT ACTIVITY APPLICATION
FOR RENOVATION & DEMOLITION ACTIVITIES**

Please note: there is a \$420.00 fee for EACH permit. Please fill out separate permits for renovation and demolition activities

REGULATORY AGENCY USE ONLY	CHECK #:	AMOUNT PAID:	POSTMARK DATE :	HAND DELIVER DATE:	PERMIT#:
1. TYPE OF NOTIFICATION: () Original; () Revision 1; () Revision 2; () Revision 3; () Revision 4; () Revision 5; () Cancel					
2a. FACILITY OWNER INFORMATION					
Name of Company or Individual:					
Address:					
City/Community:				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					
4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) CERTIFIED BUILDING INSPECTOR				DATE:	
5. FACILITY DESCRIPTION (Attach site location map for multiple structures at one street address or installation)					
Building 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:	
If Residential, Number of Dwelling Units:		Present Use:		Prior Use:	
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED 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: <small>(RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141.</small>		AMOUNT OF RACM TO BE REMOVED OR GENERATED <small>NOTE: Update notice when amount of RACM changes at least 20%</small>		Amount of Nonfriable ACM To Be Removed	
				CAT I	CAT II
On Facility Components; PIPES (LINEAR FEET)					
On Facility Components; SURFACE AREA (SQUARE FEET)					
Off Facility Components; VOLUME (CUBIC FEET)					
8. DATES FOR ASBESTOS REMOVAL : START DATE:		COMPLETION DATE*:		Days of Operations: M T W TH F SA SU	
9. DATES FOR DEMOLITION: START DATE:		COMPLETION DATE*:		Hours of Operations:	
This permit is valid for not more than one year from date of issue.					
MAIL/DELIVER TO: Pima County Dept. of Environmental Quality Attn: Air Program 33 N Stone Ave, Suite 730 Tucson, AZ 85701 520-740-3340		_____ ASBESTOS NESHAP COORDINATOR OR REPRESENTATIVE			
		_____ DATE OF ISSUE		_____ PERMIT EFFECTIVE DATE	

