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

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

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

**3. FACILITY OWNER INFORMATION**

Name of Company Or Individual:  
 Address:  
 City: State: Zip:  
 Contact Person: Telephone: Email:

**4. 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:	

**5a. ASBESTOS REMOVAL CONTRACTOR / OPERATOR:**

Address:  
 City: State: Zip:  
 Contact Person: Telephone: Email:

**5b. DEMOLITION CONTRACTOR / OPERATOR:**

Address:  
 City: State: Zip:  
 Contact Person: Telephone: Email:

**5c. OTHER CONTRACTOR / OPERATOR:**

Address:  
 City: State: Zip:  
 Contact Person: Telephone: Email:

<b>6. 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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**7. 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

8. 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: Revise notice when amount of RACM changes more than 20%.</small>	Amount of Nonfriable ACM To Be Removed		Amount of Nonfriable ACM <u>Not</u> To Be Removed Before Demo	
		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>					

<b>9. DATES FOR ASBESTOS REMOVAL:</b> START DATE: ____/____/____      COMPLETION DATE: ____/____/____			
<b>10. DATES FOR DEMOLITION/RENOVATION:</b> START DATE: ____/____/____      COMPLETION DATE: ____/____/____			
<b>11. DESCRIPTION OF PLANNED DEMOLITION / RENOVATION WORK:</b> <input type="checkbox"/> Complete Demolition; <input type="checkbox"/> Partial Demolition; <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 / Siding; <input type="checkbox"/> VAT / Mastic; <input type="checkbox"/> Asbestos Cement Siding; <input type="checkbox"/> ≥5580 sq ft w/rotating blade cut 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>12. 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>13. 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:</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>14. ASBESTOS WASTE TRANSPORTER:</b>			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Email: _____	
<b>15. ASBESTOS WASTE DISPOSAL SITE:</b>			
Company Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Contact Person: _____	Telephone: _____	Email: _____	
<b>16. IF DEMOLITION IS ORDERED BY GOVERNMENT AGENCY (40 CFR 61, §61.145(A)(3)), ATTACH A COPY OF THE ORDER LETTER</b>			
Name: _____	Title: _____		
State or Local Government Agency: _____	Authority: _____		
Date of Order: _____	Date Demolition Ordered to Begin: _____		
<b>17. 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>18. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/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>19. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR:</b>			
_____ (Print Name of Inspector)	_____ (Training Provider)	_____ (AHERA Certificate Number)	_____ (Expiration Date)
<b>20. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b> Company Name: _____    Revision Date _____			
_____ (Print Name: Owner/Operator)	_____ (Title)	_____ (Signature Of Owner/Operator)	_____ (Date)