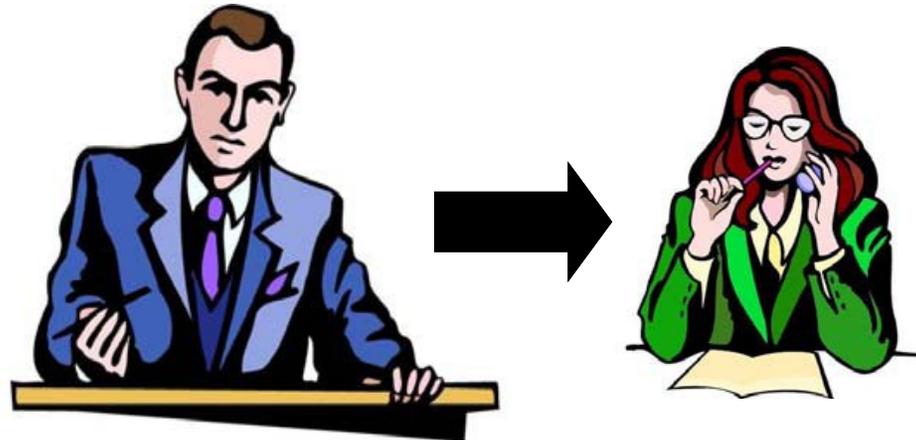


Air Quality Requirements

Building Department

If you have received this instructional flow chart and the attached form, it has been determined that **you must conduct an asbestos survey for asbestos materials prior to receiving your building permit.**



Obtain Survey

Retain a Certified Asbestos Consultant (CAC) to test your structure for asbestos materials. CAC's may be found in the yellow pages or online under "Asbestos or Environmental Consultants". Follow all the survey recommendations.

Email the completed form to Asbestos@airquality.org

or

Mail the completed survey and attached form to:
SMAQMD, 777 12th Street,
Sacramento 95814.



SMAQMD

Within 2 working days, Air Quality staff will review your survey and form for accuracy and completeness. You may have SMAQMD mail or email it to you.

Present this validated form on or after the date stamped to receive your permit from your Building Dept.

Asbestos Renovation/Demolition Notification Form

| | | |
|----------|---|--|
| 1 | <input type="checkbox"/> Renovation (Do not complete items 5 or 6) <input type="checkbox"/> Demolition (Complete all sections) | <input type="checkbox"/> Ordered Demolition (Complete all sections) <input type="checkbox"/> Emergency Demolition (Complete all sections) |
|----------|---|--|

| | | |
|----------|-----------------|-----------------|
| 2 | Contractor | Owner |
| | Address | Address |
| | City State/ Zip | City State/ Zip |
| | Email | Email |
| | Telephone | Telephone |

| | | | |
|----------|----------------|-----------------|-------------|
| 3 | Structure Name | Renovation Area | # of Floors |
| | Address | City/ Zip | Year Built |

| | | | | |
|----------|-------------------------------|---|---|--|
| 4 | Preference for return of form | <input type="checkbox"/> E-mail (see instructions) _____ | US Mail : <input type="checkbox"/> Contractor <input type="checkbox"/> Owner | <input type="checkbox"/> Pick up (after two working days) |
|----------|-------------------------------|---|---|--|

SECTIONS 5&6 - DEMOLITIONS ONLY-NOTE: Start date must be at least 10 working days from the day of your postmark or hand delivery of this form to SMAQMD

| | | | |
|----------|-------------------------------|------------------------------------|------------------------|
| 5 | Start Date: _____/_____/_____ | Completion Date: _____/_____/_____ | Emergency Demo # _____ |
|----------|-------------------------------|------------------------------------|------------------------|

| | | |
|--|---------------------------------------|---------------------------------------|
| 6 | Revision # 1 2 3 4 5 6 7 8 9 (circle) | |
| | Old Start Date _____/_____/_____ | New Start Date _____/_____/_____ |
| | Old Completion Date _____/_____/_____ | New Completion Date _____/_____/_____ |
| | Method of Demo: _____ | |
| Procedure to be followed if RACM is found or Category II material becomes friable: _____ | | |

SECTION 7 - Attach completed Asbestos Survey Form and Consultant's report or have DOSH Consultant complete section 7

| | | | | |
|----------|---|-------------|------------------------|------------|
| 7 | Company Name | Telephone | | |
| | Surveyor's Name | DOSH # | | |
| | Analytical Procedure | Survey Date | | |
| | Amount of RACM | Square Feet | Linear Feet | Cubic Feet |
| | Amount of Category I | | Amount of Category II | |
| | Project Address | | City | Zip |
| | Suspect Materials Present? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Consultant's Signature | |

I have read and understand the directions. The information on this form is true and accurate.

| | | | |
|----------|--|--|--------------------------------------|
| 8 | Applicant Name (Print) | <input type="checkbox"/> Owner <input type="checkbox"/> Rep / Agent <input type="checkbox"/> Contractor | Permit shall not be issued prior to: |
| | Phone Number | | |
| | Applicant's Signature | Date | |
| | I certify that the asbestos survey conducted on _____ (date) represents the facility as built. _____ (initial) | | |

SMAQMD USE ONLY:

Project # _____ Received Date/ Postmark _____ Date Form Returned _____ Initial _____
 Check # _____ Receipt # _____ Amount Paid _____ Staff _____ Date Approved _____

Failure to comply with asbestos regulations can result in civil/criminal penalties as specified in CH&SC §42400-42402

PURPOSE:

Your project has been deemed jurisdictional by the US EPA and the Sacramento Metropolitan Air Quality Management District (SMAQMD). **You will not receive a permit from the building department until you complete this form and submit it with a complete asbestos survey and asbestos survey form (or complete item 7 below) to SMAQMD. SMAQMD will approve* and return this form to you to bring to the building department.** In order to prevent the release of asbestos into the environment, you must properly identify and abate** all regulated asbestos materials prior to the start of your renovation or demolition project. You must first retain a certified CAL-OSHA asbestos consultant to conduct your asbestos survey and identify all regulated asbestos materials. To properly abate the identified regulated materials, you must hire a licensed asbestos abatement contractor. You may find local asbestos consultants and contractors in the yellow pages or online under "Asbestos or Environmental Consulting" and "Asbestos or Environmental Contractors".

DIRECTIONS FOR BOTH RENOVATIONS & DEMOLITIONS:

The numbers below correspond to the item numbers on the front of this form.

1. Indicate whether your project is a demolition/ renovation, ordered demolition, or emergency demolition using the following definitions. **DEMOLITION:** The wrecking, taking out, disturbing, or burning of any load-supporting/ structural member of any facility. Some common examples include removal of load bearing wall(s), roof rafter(s), razing or moving of the entire structure. **RENOVATION:** Any operation other than a demolition. Common examples would be tenant improvements and partial or complete remodels where load bearing walls are not being removed. **ORDERED DEMOLITION:** The demolition of a facility pursuant to an order of an authorized representative of a state or local government agency, issued because the structure is structurally unsound or in danger of imminent collapse. **EMERGENCY DEMOLITION:** A renovation that results from a "sudden, unexpected event that applies to the abatement of the immediate hazard and, that if not immediately attended to: presents a safety or public health hazard, is necessary to protect equipment from damage, or is necessary to avoid imposing an unreasonable financial burden." Ultimate approval of the use of this provision is left to the discretion of the Air Pollution Control Officer. Operations necessitated by non-routine failures of equipment are included.
2. Complete Owner and Contractor information. A contractor refers to the company/individual doing the renovation or demolition work.
3. Structure Address – Provide structure address. Structure Name – Any commercial/institution name for the structure. Indicate area of renovation. i.e., "bathroom" or "entire first floor" or "roof". – A functional description, (i.e., "home", "school", "store", etc.). Number of floors - Count basement as a floor. Size - Total in square feet. Leave no blanks.
4. Select method of receiving form. **To expedite the process use asbestos@airquality.org for sending your survey and this form.** If fees are due with submittal, payments can be made with GOV PAY @ <https://www.govpaynow.com/gps/user/plc/7526>

IF RENOVATION PROJECT, SKIP 5 & 6, COMPLETE ITEMS 7-8

IF DEMOLITION, ORDERED DEMOLITION, OR EMERGENCY DEMOLITION PROJECT, COMPLETE ITEMS 5-8

5. These are the actual dates the demolition will start and end. Although asbestos may not be detected or the survey indicates RACM less than 260 lineal or 160 square feet, the start date must reflect at least 10 business days from the date of postmark/delivery to SMAQMD. In those instances, submit a \$435 inspection fee along with this form and your asbestos survey. SMAQMD will verify that your information is complete and validate the form. Please discuss this with your consultant if you have any questions.
6. You are required to notify SMAQMD of any information that may change after submittal of this form. Use the revision box for date changes. Date changes must be notified on or prior to the last notified date. Revisions may be faxed to (916) 874-4899. Circle the appropriate revision number each time you revise. Cancellation Policy: Upon cancellation of a demolition project, a minimum administrative fee will be deducted from the original fees submitted. If a site inspection was conducted prior to the cancellation, there will be no refund of fees submitted. Indicate method of demolition. Indicate procedure. Please indicate procedures to be followed if RACM is found or Category II material becomes friable.
7. You have the option of submitting a copy of this form, your complete asbestos survey with asbestos survey form OR having this section completed by your consultant. The RACM amounts listed are the amounts to be removed during this project. Please indicate if there were any suspect materials present to sample. Indicate if any suspect materials were present in renovation project area, to the best of your knowledge.
8. Print and sign your name and indicate whether you are the owner, contractor, or representative / agent. Initial that survey conducted represents facility or renovation area as built, to the best of your knowledge.

***Approval** will be a SMAQMD date stamp in the lower right corner, which will specify that you have met SMAQMD survey requirements and indicate to the building department that you may receive your renovation or demolition permit on or after that date, **providing you have met all other building dept requirements.** If the survey or this form is incomplete or inaccurate and cannot be approved, this form will be rejected and you will be contacted with an explanation of the problem. You will have to correct and resubmit forms SMAQMD for approval. SMAQMD will make your form available within 2 working days of receipt.

****Abatement** is only required for renovations if the RACM is expected to be impacted during the project.

ASSISTANCE AVAILABLE: SMAQMD business hours M-F, 8-5pm. (916) 874-4800, View our website www.airquality.org for information on asbestos as well as this and other forms. Asbestos staff are available for personal consultations, M-F, 8:00 AM to 10:00 AM.