

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION
 FOR DEMOLITION/RENOVATION**

| | | | |
|---|--------------|--------------------------|------------------|
| | | Permit Number | NESHAP ID Number |
| 1. TYPE: <input type="checkbox"/> Asbestos Removal ; <input type="checkbox"/> Emergency Asbestos Removal ; <input type="checkbox"/> Nonscheduled Asbestos Removal ; <input type="checkbox"/> Demo ; <input type="checkbox"/> Ordered Demo | | | |
| 2. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes; <input type="checkbox"/> No | | | |
| 3. FACILITY INFORMATION (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer) | | | |
| OWNER NAME: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | | Contact Phone: | |
| OPERATOR NAME (IF OTHER THAN OWNER): | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | | Contact Phone: | |
| ASBESTOS REMOVAL CONTRACTOR: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | | Contact Phone: | |
| DEMOLITION CONTRACTOR: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact: | | Contact Phone: | |
| SUPERVISING AIR MONITOR (If Required): | | NC Accreditation Number: | |
| ABATEMENT DESIGNER (If Required): | | NC Accreditation Number: | |
| 4. FACILITY DESCRIPTION (Including building name, number and floor or room number) | | | |
| Bldg. Name: | | Facility Contact: | |
| Street Address: | | | |
| City: | State: | Zip: | |
| Asbestos Removal Site Location: | | County: | |
| Building Size: | # of Floors: | Age in Years: | |
| Present Use: | Prior Use: | Future Use: | |
| 5. SCHEDULED DATES: NONSCHEDULED ASBESTOS REMOVAL (MM/DD/YY) | | Start: | Complete: |
| 6. SCHEDULED DATES: ASBESTOS REMOVAL (MM/DD/YY) | | Start: | Complete: |
| 7. SCHEDULED DATES: DEMOLITION (MM/DD/YY) | | Start: | Complete: |
| 8. WORK SCHEDULE (Circle days applicable): Mon Tue Wed Thu Fri Sat Sun | | | WORK HOURS: |
| **FOR GOVERNMENTAL AGENCY USE ONLY** | | | |
| POSTMARK DATE: _____ REGION/COUNTY/CONTRACTOR/LANDFILL: _____ | | | |
| APPROVING SIGNATURE: _____ DATE: _____ | | | |

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| | | | |
|--|---|---|--|
| 9. INSPECTION INFORMATION (Include five digit NC HHCU assigned accreditation number) | | | |
| Inspector Name: | | NC Accreditation Number: | |
| Date of Inspection: | Samples Collected: <input type="checkbox"/> Yes ; <input type="checkbox"/> No | Samples Analyzed: <input type="checkbox"/> PLM <input type="checkbox"/> TEM | |
| Materials May Be Assumed ACM for Renovation/Removal Purposes: Assumed ACM: <input type="checkbox"/> Yes ; <input type="checkbox"/> No | | | |
| 10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION: | | | |
| 11. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply) | | | |
| | | <u>ASBESTOS REMOVAL</u> | <u>DEMOLITION</u> |
| <input type="checkbox"/> Containment | <input type="checkbox"/> Remove Intact | <input type="checkbox"/> Negative Pressure | <input type="checkbox"/> Bulldozer/Loader |
| <input type="checkbox"/> Wet Methods | <input type="checkbox"/> Rotating Blade Roof Cutter | <input type="checkbox"/> Dry Removal | <input type="checkbox"/> Wrecking Ball |
| <input type="checkbox"/> Strip & Removal | <input type="checkbox"/> Mechanical Chipping | <input type="checkbox"/> Requires Prior Written Approval from HHCU; | <input type="checkbox"/> Implose |
| <input type="checkbox"/> Glove Bag | <input type="checkbox"/> Component Removal | <input type="checkbox"/> Attach copy of approval letter. | <input type="checkbox"/> Live Burn Training (see #11 of the attached instructions) |
| <input type="checkbox"/> Other - Explain Below | | | |
| 12. ASBESTOS WASTE TRANSPORTER # 1 | | | |
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact Person: | | Contact Phone: | |
| ASBESTOS WASTE TRANSPORTER # 2 | | | |
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Contact Person: | | Contact Phone: | |
| 13. ASBESTOS WASTE DISPOSAL SITE | | | |
| Name: | | | |
| Location: | | | |
| City: | State: | Zip: | |
| Contact Person: | | Contact Phone: | |
| 14. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (ATTACH COPY OF ORDER) | | | |
| Name: | | Title: | |
| Authority: | | | |
| Date Ordered (MM/DD/YY): | | Date Demolition Ordered to Begin (MM/DD/YY): | |
| 15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN WORKING DAY NOTIFICATION PERIOD: <input type="checkbox"/> Yes; <input type="checkbox"/> No (If Yes, attach letter) | | | |

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16. AMOUNT OF ACM NOT TO BE REMOVED (Indicate whether LF, SF, or CF)

| | |
|-------------|--------------|
| Category I: | Category II: |
|-------------|--------------|

17. RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES

| TYPE OF RACM | AMOUNT X \$.10 = FEE | TYPE OF RACM | AMOUNT X \$.20 = FEE |
|---|----------------------|-----------------------------------|---------------------------|
| Floor Tile | _____ sf x .10 = \$ | Pipe Insulation (TSI): _____ lf | x .20 = \$ |
| Ceiling Tile: | _____ sf x .10 = \$ | Boiler Insulation (TSI): _____ sf | x .20 = \$ |
| Cementitious Roofing/ Wallboard/Panels: | _____ sf x .10 = \$ | Surfacing Material: _____ sf | x .20 = \$ |
| Roofing: | _____ sf x .10 = \$ | Other (SqFt or CuFt): _____ sf/cf | x .20 = \$ |
| TOTAL (A) | _____ sf x .10 = \$ | TOTAL (B) | _____ lf/sf/cf x .20 = \$ |

| | | |
|-----------------------------|-------------------------|-------------------------|
| 18. TOTAL LF TO BE REMOVED: | TOTAL SF TO BE REMOVED: | TOTAL CF TO BE REMOVED: |
|-----------------------------|-------------------------|-------------------------|

19. FEES DUE

(a) TOTAL # 17(A) + # 17 (B) = \$ _____

(b) ASBESTOS REMOVAL CONTRACT PRICE = \$ _____ X .01 (1%) = \$ _____

TOTAL FEES FOR ASBESTOS REMOVALS PRIOR TO DEMOLITION SHALL NOT EXCEED \$1,500.00. CHECK HERE, IF APPLICABLE []

RESIDING HOMEOWNERS ARE EXEMPT FROM PERMIT FEES. CHECK HERE, IF APPLICABLE []

(c) TOTAL FEE DUE = \$ _____ (Whichever is greater, (a) or (b) above)

20. I, AN OWNER OR OPERATOR OF THE DEMOLITION/RENOVATION ACTIVITY, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR ACM BECOMES RACM, THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES).

NAME: _____ TITLE: _____

COMPANY NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PO BOX: _____ CITY: _____ STATE: _____ ZIP: _____

ORIGINAL SIGNATURE: _____ DATE: _____

NOTE: Please complete with mailing address. The completed/approved permit/notification will be mailed to the signatory of this block at the mailing address indicated.

THE US ENVIRONMENTAL PROTECTION AGENCY HAS DELEGATED NESHAP ADMINISTRATIVE AND ENFORCEMENT RESPONSIBILITY TO LOCAL ENVIRONMENTAL AGENCIES IN THE FOLLOWING NORTH CAROLINA COUNTIES: BUNCOMBE, FORSYTH, AND MECKLENBURG. FOR FURTHER INFORMATION REGARDING LOCAL REQUIREMENTS, PLEASE CONTACT:

| | | |
|--|--|--|
| Buncombe County WNC Regional Air Pollution Control Agency 49 Mt. Carmel Road Asheville, NC 28806 828/250-6777 | Forsyth County Environmental Affairs Department 537 North Spruce Street Winston-Salem, NC 27101 336/703-2446 | Mecklenburg County Land Use and Environmental Services Agency—Air Quality 700 North Tryon Street Charlotte, NC 28202-2236 704/336-5430 |
|--|--|--|

PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

FOR US MAIL DELIVERY:
HEALTH HAZARDS CONTROL UNIT
NCDHHS-DIVISION OF PUBLIC HEALTH
1912 MAIL SERVICE CENTER
RALEIGH, NC 27699-1912
TELEPHONE: 919-707-5950

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
5505 SIX FORKS ROAD, 2nd FLOOR, Room D-1
RALEIGH NC 27609

INSTRUCTIONS

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION (FORM DHHS 3768 – Revised 7/08)

PURPOSE: This form serves as an application for an asbestos removal permit (10A NCAC 41C .0600) and as a National Emission Standard for Hazardous Air Pollutants (NESHAP) notification of demolition and/or renovation in the state of North Carolina. An approved permit is required to be displayed on site for all asbestos removals of more than 35 cubic feet, 160 square feet or 260 linear feet of regulated asbestos containing material or asbestos containing material that may become regulated during handling.

PREPARATION: All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or designee and submitted with applicable permit fees to:

FOR US MAIL DELIVERY:
Health Hazards Control Unit
NCDHHS-Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912

FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
5505 Six Forks Road, 2nd Floor, Room D-1
Raleigh, NC 27609

1. **TYPE:** Indicate the type of notification, i.e., Asbestos Removal, Emergency Asbestos Removal, Nonscheduled Asbestos Removal, Demolition, Ordered Demolition
2. **IS ASBESTOS PRESENT:** Indicate whether asbestos is present by checking Yes or No.
3. **FACILITY INFORMATION:** Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact person, and telephone number of contact person.

Operator will include those acting as agent for or representatives of the owner of the facility, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name of the operator and the operator's mailing address including box number, street, city, state, zip code, contact person and the contact person's telephone number.

If regulated asbestos containing materials (RACM) are to be removed, complete the name of the asbestos removal contractor, the contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

Where demolition of the facility immediately follows the removal of RACM, complete the demolition contractor's name, the demolition contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

When no asbestos removal is required prior to demolition, complete the owner, operator, and demolition contractor information as appropriate.

Supervising Air Monitor: Enter the name of the NC accredited supervising air monitor and the supervising air monitor's NC accreditation number if applicable.

Abatement Designer: Required for all individually permitted asbestos removals conducted in public areas consisting of more than 3000 square feet (281 square meters), 1500 linear feet (462 meters), or 656 cubic feet (18 cubic meters) of RACM.

4. **FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Asbestos removal site location should include the building number, floor number and room number(s). Complete building size in square feet, number of floors in building, the age of the building, and its present use, prior use, and future use.
5. **SCHEDULED DATES - NONSCHEDULED ASBESTOS REMOVAL:** A nonscheduled Asbestos Removal is an asbestos removal required at any installation by the routine failure of equipment, which is expected to occur within a calendar year (Jan. 1 - Dec. 31). The amounts of RACM to be removed during this period are expected to exceed 35 cubic feet, 160 square feet, or 260 linear feet. **This notification is required to be submitted at least 10 working days prior to the new calendar year.**
6. **SCHEDULED DATES - ASBESTOS REMOVAL:** Complete the asbestos removal start date and the asbestos removal complete date. Start date means the date on which activities on a permitted asbestos removal requiring the use of accredited workers and supervisors begin, including removal area isolation and preparation or any other activity which may disturb asbestos containing materials. **This notification is required to be submitted at least 10 working days prior to the start date.**
7. **SCHEDULED DATES - DEMOLITION:** Complete the demolition start date and the demolition complete date. See definition of "Start Date" in #6 above. **This notification is required to be submitted at least 10 working days prior to the start date.**
8. **WORK SCHEDULE:** Circle all days when asbestos removal activities are to occur. Enter the working hours that asbestos removal activities will be conducted (i.e., 7:30 AM - 5:00 PM).

9. **INSPECTION INFORMATION:** Enter the North Carolina accredited inspector's name and North Carolina accreditation number. This information is required for demolitions. Enter date(s) the inspection was conducted; indicate yes or no for Samples Collected; if Samples Collected is yes, then indicate the analytical method used to analyze the samples. Materials may be assumed to be RACM in lieu of an inspection for purposes of asbestos removals.
10. **SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:** Enter a brief description of the asbestos removal and/or demolition (i.e., remove 300 lf of pipe insulation from crawl space. Demolish cafeteria building using heavy equipment).
11. **ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES:** Check all appropriate boxes. Provide a complete explanation of work practices to be followed if "other" is checked. NOTE: Dry removal requires prior written approval from the HHCU. Attach copy of approval letter to completed application.
FOR LIVE FIRE BURNS ONLY: If the building is to be demolished by burning, you must also contact the NC Department of Environment and Natural Resources, Division of Air Quality (DAQ) for information on additional DAQ notification requirements. Please contact your DAQ regional office for more information (phone numbers are listed at <http://daq.state.nc.us/about/regional>) or call 919-733-1477.
12. **ASBESTOS WASTE TRANSPORTER #1:** Complete the name, mailing address, including city, state, zip code, contact person and contact person's telephone number for the waste transporter contracted to transport the waste to an approved landfill.
ASBESTOS WASTE TRANSPORTER #2: Complete the name, mailing address, including city, state, zip code, contact person and the contact person's telephone number for the waste transporter contracted in conjunction with or separately from Waste Transporter #1.
13. **ASBESTOS WASTE DISPOSAL SITE:** Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, contact person at the waste disposal site, and contact person's telephone number.
14. **IF DEMOLITION ORDERED BY GOVERNMENT AGENCY:** Complete the name, title, authority, the date of the order and the date the demolition is ordered to begin. Attach a copy of the order to the completed permit application/notification.
15. **APPLYING FOR AN EMERGENCY RENOVATION PERMIT:** Attach a letter from the owner or operator stating the date and hour the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.
16. **AMOUNT OF ACM NOT TO BE REMOVED:** Enter the amounts of ACM in the affected part of the facility that will not be removed.
17. **RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES:** Complete the corresponding blanks with the amounts of Regulated Asbestos Containing Material(s) (RACM) being removed at the site. When RACM to be removed is greater than 35 cubic feet, 160 square feet and/or 260 linear feet, compute the fees as outlined on the form. Complete totals (A) and (B).
18. **TOTAL LF/SF/CF TO BE REMOVED:** Enter the total linear feet, total square feet, and total cubic feet from #17.
19. **FEES DUE:** (a) Total #17.(A) + Total #17.(B) and enter amount. (b) Enter asbestos removal contract price and multiply by 0.01 (1%) and enter total. Enter total fee due, whichever is greater, (a) or (b). NOTE: The maximum fee due for asbestos removal prior to demolition is \$1,500.00. Residing Homeowners are exempt from permit fees.
20. **CERTIFICATION:** Enter all information requested. **Only notifications completed in permanent media with original signature will be considered.**

NOTE: All owners and operators are responsible for the information on the permit/notification.

Checks should be made payable to: NCDHHS - Health Hazards Control Unit

Upon approval of the Application/Notification, an HHCU Permit Number will be assigned to the removal project and a one page project Permit will be returned to the applicant. The project Permit/Notification and all revisions must be on-site and available for review throughout the duration of the project.

REORDER: Additional forms may be ordered from:

**Health Hazards Control Unit
NCDHHS-Division of Public Health
1912 Mail Service Center
Raleigh, NC 27699-1912
Phone: (919) 707-5950**