

## DEMOLITION CHECKLIST

1. Complete and submit a Building Permit Application form. Also complete the Residential Structure Demolition Application Form if unit provides living accommodations for low- and/or moderate-income residents.
2. Submit site plan and dimensioned floor plan. Indicate total square footage of each structure to be demolished. Indicate all plumbing fixtures in each structure.
3. Complete the attached Utility Sign Off/ APCD Approval Form and return it with the required signatures to the Community Development Department, prior to permit issuance. To retain the existing water meter for dust control of project site, contact the Public Works Department at (805) 473-4520.
4. Contact the Air Pollution Control District (APCD) regarding asbestos notification pursuant to Health and Safety Code Section 19827.5. Review APCD's attached forms. The city must receive APCD approval, prior to permit issuance. (<http://www.slccleanair.org/business/asbestos.php>)
5. If applicable, plans shall detail the location and method of pedestrian protection as required in accordance with Chapter 33 of the 1997 Uniform Building Code.
6. The existing sewer lateral shall be abandoned in an approved manner to the satisfaction of the Public Works Superintendent. Show the locations of all site utilities and any proposal for abandonment or reuse.
7. Clearly indicate on the plans the scope of the demolition, including site improvements, paving materials and any tree removals. Show location of any trees to remain. Note any tree protection measures as required by the City.
8. Note on site plan: "Dust control shall be maintained to the satisfaction of the Community Development Director."
9. Identify the hauler and disposal facility (see attached City's list) where the building material will be hauled for recycling.
10. Following approval of a permit, the fee as set forth in the Master Fee Schedule is required to be paid for permit issuance.

For questions regarding this plan review, please contact the Community Development Department of Grover Beach at (805) 473-4520.



**BUILDING PERMIT APPLICATION**  
**CITY OF GROVER BEACH COMMUNITY DEVELOPMENT DEPARTMENT**  
 154 SOUTH 8TH STREET • GROVER BEACH, CA 93433  
 PHONE: (805) 473-4520 • EMAIL: [commdev@groverbeach.org](mailto:commdev@groverbeach.org) • FAX (805) 489-9657

PROJECT INFORMATION		
Project Address and/or APN:		Suite/Unit #:
Project Description:		Project Value:
Proposed Square feet of:		
Living Area: _____	Porch: _____	Balcony/Deck: _____
Garage/Workshop: _____	Patio(s): _____	Roof Deck: _____
Other (Specify): _____		
Structure Built prior to 1978? _____ If yes & your project involves renovation, repair and/or painting, proof of Renovation, Repair and Painting (RRP) firm certification is required prior to permit issuance, per the U.S. Environmental Protection Agency (EPA).		
Electrical Permits: Number of: _____ Service/Sub Panels: _____ Amp _____ Construction Pole (100 A min.) _____ Residential per sq ft. _____ Switch Outlet/Light Outlet _____ Receptacle: 110V _____ Receptacle: 200 V _____ Fixtures _____ Electrical Water Heater _____ Electrical Heater _____ Motors: _____ HP _____ Clothes Dryer _____ Dishwasher _____ PV System: Number of Panels: _____	Mechanical Permits: Number of: _____ Heating Appliance: BTU _____ _____ Residential Cooling Unit _____ Residential Gas Appliance _____ Food Preparation Gas Appliance _____ Ventilating Ducts _____ Residential Hood and Duct _____ Commercial Hood, Duct and Blower _____ Refrigeration Unit (Commercial) _____ Fireplace _____ Boiler, Compressor, Package Heating or Cooling Unit: BTU _____	Plumbing Permits: Number of: _____ Plumber Fixture(s) or Trap(s) _____ Building Sewer _____ Rainwater System - per drain _____ Private Sewer Disposal System _____ Backflow Device (Under 2") _____ Backflow Device (Over 2") _____ Water Heater and/or Vent _____ Gas Piping System : No. of outlets _____ _____ Lawn Sprinkler System _____ Industrial Waste PreTreatment Interceptor _____ Greywater System
Location of the main breaker? (circle one): Center    Top    Bottom Size of System: _____ KW    Roof Mounted? _____ Calculations are required. Check the following box if plans include all AC and DC calculations with system characteristics. <input type="checkbox"/>		

PROPERTY OWNER		
project contact <input type="checkbox"/>	Name:	Phone:
	Address:	Fax:
	City/State/Zip:	Email:

TENANT (Commercial Projects Only)		
project contact <input type="checkbox"/>	Business Name:	Phone:
	Business Owner Name:	Email:

ARCHITECT/ENGINEER/DESIGNER		
project contact <input type="checkbox"/>	Name:	Phone:
	Address:	Fax:
	City/State/Zip:	Email:
	State License #:	Expiration Date:

CONTRACTOR			
project contact <input type="checkbox"/>	Name:	Phone:	
	Address:	Fax:	
	City/State/Zip:	Email:	
	State License #:	Class(es):	Expiration Date:
	City of Grover Beach Business Tax #:		Expiration Date:

<b>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.</b>			
<b>X</b>		<b>X</b>	
Signature of Property Owner or Authorized Agent	Date	Signature of Contractor	Date

OFFICE USE ONLY			
Permit #:	Date Applied:	Date Issued:	Resolution #:

**LEGAL DECLARATIONS**

**OWNER-BUILDER DECLARATION**

I hereby affirm under penalty of perjury that I am exempt from the Contractor' License Law for the following reason:

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Business and Professions Code Section 7044)
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Business and Professions Code Section 7044)
- I am exempt under Business and Professions Code Section \_\_\_\_\_ because \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**LICENSED CONTRACTOR'S DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code and my license, number: \_\_\_\_\_ is in full force and effect.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**WORKER'S COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code for the performance of the work for which this permit is issued.
- I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

- I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that, if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have read this application and state the above information is correct and agree to comply with all City ordinances and State laws related to building construction and hereby authorize representatives of the City to enter upon the project site for inspection purposes. I hereby agree to save indemnify, and keep harmless the City of Grover Beach, its officers and duly appointed representatives against all liabilities and judgements resulting from this permit.

THIS PERMIT EXPIRES AND BECOMES NULL AND VOID IF THE WORK IS NOT COMMENCED WITHIN 180 DAYS, OR, IF THE WORK HAS BEEN SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS. LOCATION OF THE STRUCTURE ON THE PROPERTY IS THE RESPONSIBILITY OF THE PERMITTEE.

Signature: \_\_\_\_\_ Date \_\_\_\_\_



## CITY OF GROVER BEACH CONSTRUCTION AND DEMOLITION RECYCLING AND DISPOSAL

California Green Building Codes requires most construction and demolition projects to recycle at least 50% of the waste generated by the project. A project is exempt if the:

- Residential alteration does not increase the building's conditioned area, volume or size; or
- Commercial alteration is less than \$200,000 in value; or
- Commercial addition is less than 1,000 square feet.

Unless the project is exempt, the building and/or demolition permit cannot be issued until a recycling plan has been reviewed and approved. Each project owner must complete a "Construction and Demolition Waste Management Plan" and indicate the manner of recycling that best fits the project and their contractor's operation. There are two options:

1. **Use an Integrated Waste Management Authority (IWMA) certified facility.** IWMA-certified facilities recycle at least 50% of the waste they receive. Therefore, by using one of these facilities, you will have met the requirement to recycle 50% of your waste. You can either haul your waste to one of these facilities, or hire a hauling company to do it. Be sure to get a receipt that shows you used the recycling portion of the facility. Prior to final inspection, you must submit the receipts for all of the recycling and landfill facilities utilized for the project.
2. **Use other recycling and disposal facilities.** Many facilities will recycle specific materials from construction and demolition sites. If you take the waste from your project to one or more of these facilities (e.g., concrete to a concrete recycler, metals to a scrap metal recycler, wood to a compost facility) you need to fill out the "Detailed Recycling Plan" before your building permit can be issued. When complete, the "Detailed Recycling Plan" form will show which facilities you will use to recycle at least 50% (by weight) of your construction and demolition waste.

With both options, at the end of your project, all the original receipts from the facilities must be submitted and approved prior to the building final. **DO NOT USE A REGULARLY SCHEDULED GARBAGE/RECYCLING COLLECTION SERVICE** because you will not have proper documentation for the amount of waste generated and where it went.

Construction Waste Estimation Guide	
Project Type	Approximate Waste Generated Factor (Divide by 2000 to convert pounds to tons)
Commercial	
Addition	27 pounds per sq. ft.
Demolition	70 pounds per sq. ft.
New	13 pounds per sq. ft.
Tenant Improvement	10 pounds per sq. ft.
Single Family Residential	
Addition	33 pounds per sq. ft.
Demolition	83 pounds per sq. ft.
New	5 pounds per sq. ft.
Remodel	39 pounds per sq. ft.
Multi-family Residential	
Addition	4.5 pounds per sq. ft.
Demolition	16 pounds per sq. ft.
New	9.5 pounds per sq. ft.
Remodel	16 pounds per sq. ft.

IWMA Certified Recycling Collection Facilities	
Facility	Phone Number
API Roll-Off Services, Santa Maria	(805) 928-8689
Bedford Enterprises Inc./SMART, Santa Maria	(805) 922-4977
C&D Recycling Facility at Chicago Grade Landfill, Atascadero	(805) 466-2985
C&D Resource Recovery Park at Cold Canyon Landfill, San Luis Obispo	(805) 549-8332
Coastal Roll-Off, San Luis Obispo	(805) 543-0473
Have Bins (WMI), Atascadero	(805) 466-3636
Health Sanitation Services, Santa Maria	(805) 922-2121
Mid-State Solid Waste & Recycling, Templeton	(805) 434-9112
North SLO County Recycling, Templeton	(805) 434-0043
R&R Roll-Off, Nipomo	(805) 929-8000
Santa Maria Transfer Station	(805) 929-9255



## CITY OF GROVER BEACH CONSTRUCTION AND DEMOLITION WASTE MANAGEMENT PLAN

This form shall be completed to document compliance with the California Green Building Code. Section 1, and if applicable, Section 2, shall be completed prior to permit issuance. Section 3 shall be completed prior to final inspection. Recyclable construction waste materials include vegetation, asphalt, concrete, metals, wood, insulation, ceiling tile, drywall, carpet, plastic, plastic pipe and buckets, glass, cardboard, and many composites such as Hardiplank siding, etc.

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**Section 1:** Site Address: \_\_\_\_\_ Permit Application Number: \_\_\_\_\_

Project Type:  Single-Family Residence  Multi-family Residential  Commercial

Demolished Floor Area: \_\_\_\_\_ square feet New Floor Area: \_\_\_\_\_ square feet Project Valuation: \_\_\_\_\_

Owner / Contractor (Circle one) Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Project's overall waste diversion rate will be:  50% (Minimum required)  65%  80%

Select Construction Waste Diversion Method:

- Project will exclusively use IWMA Certified Recycling Facilities. (No need to fill out Section 2)
- Project will not use IWMA Certified Recycling Facilities exclusively. Complete Section 2 and "Detailed Recycling Plan"
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**Section 2:** To be filled out unless exclusively using Certified Recycling Facilities.

1. Estimated Total Construction Waste: \_\_\_\_\_ tons (See Construction Waste Estimation Guide)
  2. Estimated Recycled/Reused Waste: \_\_\_\_\_ tons (Must meet diversion rate from Section 1)
  3. Estimated Disposed Waste to Landfill: \_\_\_\_\_ tons
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Each subcontractor shall be responsible for waste diversion and recycling activities. Where a Certified Recycling Facility is used, additional drop boxes may be required at particular phases of construction (e.g., concrete and wood waste) to ensure the highest waste diversion rate possible.

I understand that weight receipts must be produced for all materials leaving the project site, regardless of destination or method of removal. I acknowledge that the requirements of this plan will be communicated to all subcontractors and other personnel who may be involved in disposal of materials from this project so they can provide necessary weight receipts. I further acknowledge that I will submit all disposal and recycling receipts for this project prior to requesting final inspection approval.

Owner or Contractor Printed Name	Signature	Date
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**Section 3:** To be filled out upon completion of project. Weight receipts required for recycled and reused materials.

- |                                     |  |
|-------------------------------------|--|
| 1. Waste Recycled: _____ tons       | 4. Percentage of Materials Recycled and Reused: _____ %<br><i>Divide Line 3, Section 3 by Line 1, Section 2.</i> |
| 2. Waste Reused On-site: _____ tons | <i>Must satisfy diversion rate from Section 1</i>  |
| 3. Total: _____ tons                |  |

## DETAILED RECYCLING PLAN

for projects that will not exclusively use IWMA Certified Recycling Facilities

Site Address: \_\_\_\_\_ Permit Application Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

	Before Construction		After Construction	
	Landfill (tons)	Recycling (tons)	On-site Reuse (tons)	Off-site Recycling (tons)
Materials				
Land Clearing				
Inerts (concrete, a/c, etc)				
Drywall				
Metals				
Lumber				
Cardboard				
Mixed Recyclables				
Trash				
TOTAL				
%Diversion				

To be completed before Final Approval/Sign Off. The Disposal Report must be completed for all projects not using an IWMA-Certified recycling facility. Fill in quantities below and **attach all original disposal & recycling receipts.**



CITY OF GROVER BEACH  
UTILITY SIGN OFF / APCD APPROVAL FORM

Prior to issuance of a demolition or moving permit for a structure, it will be necessary to contact the agencies listed below. The following agencies shall be advised of the proposed demolition/move in order that they may remove their meters and/or related service equipment. The signature of an authorized representative of each utility company will serve as acknowledgement that the structure will be demolished or moved on or after the listed demo/move date and that their meters and/or equipment will be removed prior to that date.

This completed form shall be returned to the Community Development Department prior to permit issuance.

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

Demo/Move Date: \_\_\_\_\_

x  
\_\_\_\_\_  
The Gas Company  
Contact: Randy Barsik, 805-689-2117  
Fax: 1-800-633-4310

x  
\_\_\_\_\_  
AT&T (Phone)  
Contacts: David Whithead, 805-546-7389  
Ron Metzler, 805-546-7365  
Fax: 805-543-6609

x  
\_\_\_\_\_  
Pacific Gas & Electric (Electric only)  
Contact: Bob, 805-546-5210

x  
\_\_\_\_\_  
Charter Communications (Cable & Internet)  
Contact: Bruce Jensen, 805-783-4950

x  
\_\_\_\_\_  
Water and Sewer  
Contact: Greg Ray, 805-473-4535  
Fax: 805-489-9657

x  
\_\_\_\_\_  
APCD  
Contact: Tim Fuhs, 805-781-5912  
Fax: 805-781-1002

x  
\_\_\_\_\_  
Property Owner(s) Authorization

\_\_\_\_\_  
Date  
Contact Phone Number



**RESIDENTIAL STRUCTURE DEMOLITION APPLICATION FORM**

Proposed Demolition Site Address \_\_\_\_\_ APN 060 - \_\_\_\_\_ - \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Please check section(s) below which qualify this residential structure for demolition**

Housing that provides living accommodation for low- and moderate-income households shall not be demolished unless any of the following criteria apply:

\_\_\_ (1) It is necessary to demolish the structure for health and safety reasons, as evidenced by the determination of the Building Official that it is substandard (in accordance with the criteria set forth in Chapter 10 of the Uniform Housing Code as amended from time to time) and that the cost of remediating the code violations would:

- \_\_\_ (a) result in housing which is not affordable to low and moderate income households: or
- \_\_\_ (b) exceed 50 percent of the assessed value of the structure in its present condition

\_\_\_ (2) It is necessary to carry out a public project that would improve coastal access or other direct public benefit.

\_\_\_ (3) The unit to be demolished is owner-occupied housing.

\_\_\_ (4) The unit to be demolished is a non-conforming use according to the requirements of the General Plan or Zoning Ordinance.

\_\_\_ (5) The unit to be demolished will be replaced with a rental unit available to low- or moderate-income households.

Date Application Received by City \_\_\_\_\_ \*

\_\_\_ A permit will be issued by the Community Development Department within 10 working days of this \* date if your proposed demolition qualified for demolition under subsection (2), (3) or (4) above.

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Denied

\_\_\_\_\_  
Community Development Director Signature

\_\_\_ A permit will be issued by the Community Development Department within 30 working days of this \* date if your proposed demolition qualified for demolition under subsection (1) or (5) above.

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Denied

\_\_\_\_\_  
Community Development Director Signature

**NOTE: In the event the proposed demolition is denied, appeal may be made to the Planning Commission of the City of Grover Beach if a written appeal and appeal fee of \$300.00 are received by the Community Development Department within 10 working days of the denial date above. Please note that the Planning Commission cannot change the five reasons which allow demolition.**

**ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM  
GENERAL INFORMATION**

The asbestos NESHAP, 40 CFR, Part 61, Subpart M, requires written notification of demolition or renovation operations under Section 61.145. This form may be used to fulfill this requirement. Only complete notification forms are acceptable. A complete accredited asbestos survey must accompany the notification in order to be complete. Incomplete notification may result in enforcement action.

The notification should be typewritten and postmarked or delivered no later than **ten working days** prior to the beginning of the asbestos removal activity (dates specified in Section VIII) or demolition (dates specified in Section IX). Please submit this form to:



Tim Fuhs, Air Quality Specialist  
Enforcement Division  
3433 Roberto Court  
San Luis Obispo, CA 93401  
(805) 781-5912

I. **Type of Notification:** Enter "O" if the notification is a first time or original notification, "R" if the notification is a revision of a prior notification, or "C" if the activity has been cancelled.

II. **Facility Information:** Enter the names, addresses, contact persons and telephone numbers of the following:

**Owner:** Legal owner of the site at which asbestos is being removed or demolition planned.

**Removal Contractor:** Contractor hired to remove asbestos.

**Other Operator:** Demolition contractor, general contractor, or any other person who leases, operates, controls or supervises the site.

If known, the name of the site supervisor should be entered as the contact person for the notification. If additional parties share responsibility for the site, demolition activity, renovations or ACM removal, include complete information (including name, address, contact person and telephone number) on additional sheets submitted with the form.

III. **Type of Operation:** Enter "D" for facility demolition, "R" for facility renovation, "O" for ordered demolitions, or "E" for emergency renovations.

IV. **Is Asbestos Present?** Answer "Yes" or "No" regardless of the amount or type of asbestos. Pursuant to Section 61.145.a, submit a complete accredited asbestos survey with this notification.

V. **Facility Description:** Provide detailed information on the areas being renovated or demolished. If applicable, provide the floor numbers and room numbers where renovations are to be conducted.

**Site Location:** Provide information needed to locate site in the event that the address alone is inadequate.

**Building Size:** Provide in square meters or square feet.

**No. of Floors:** Enter the number of floors including basement or ground level floors.

**Age in Years:** Enter approximate age of the facility.

**Present Use/Prior Use:** Describe the primary use of the facility or enter the following codes:  
H – Hospital; S – School; P – Public Building; O – Office; I – Industrial; U – University or College;  
B – Ship; C – Commercial; or R – Residence.

- VI. **Asbestos Detection Procedure:** Describe methods and procedures used to determine whether ACM is present at the site, including a description of the analytical methods employed. This must be performed by a licensed asbestos consultant or site surveillance technician.
- VII. **Approximate Amount of Asbestos Including:** (1) Regulated ACM to be removed (including nonfriable ACM to be sanded, ground or abraded); (2) Category I ACM not removed; and (3) Category II ACM not removed.
- For both removals and demolitions, enter the amount of RACM to be removed by entering a number in the appropriate box and an "X" for the unit. For demolitions only, enter the amount of Category I and II nonfriable asbestos not to be removed in the appropriate boxes.
- Category I nonfriable material includes packing, gaskets, resilient floor covering and asphalt roofing materials containing more than one percent asbestos. Category II nonfriable material includes any material, excluding Category I products, containing more than one percent asbestos, that when dry, cannot be crumbled, pulverized or reduced to powder.
- VIII. **Scheduled Dates of Asbestos Removal (MM/DD/YY):** Enter scheduled dates (month/day/year) for asbestos removal work. Asbestos removal work includes any activity, including site preparation, which may break up, dislodge or disturb asbestos material.
- IX. **Scheduled Dates of Demo/Renovation (MM/DD/YY):** Enter scheduled dates (month/day/year) for beginning and ending the planned demolition or renovation.
- X. **Description of Planned Demolition or Renovation Work and Method(s) to be Used:** Include in this description of the demolition and renovation techniques to be used and a description of the areas and types of facility components which will be affected by this work.
- XI. **Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition and Renovation Site:** Describe the work practices and engineering controls selected to ensure compliance with the requirements of the regulations, including both asbestos removal and waste-handling emission control procedures.
- XII. **Waste Transporter:** Name, address and telephone number of the asbestos waste transporter.
- XIII. **Waste Disposal Site:** Identify the waste disposal site, including the complete name, location and telephone number of the facility. If ACM is to be disposed of at more than one site, provide complete information on an additional sheet submitted with the form
- XIV. **If Demolition Ordered by a Government Agency, please identify the Agency below:** Provide the name of the responsible official, title and agency, authority under which the order was issued, the dates of the order and the dates of the ordered demolition.
- XV. **Emergency Renovation Information:** Provide the date and time of the emergency, a description of the event and a description of unsafe conditions, equipment damage or financial burden resulting from the event. The information should be detailed enough to evaluate whether a renovation falls within the emergency exception.
- XVI. **Description of Procedures to be Followed in the Event that Unexpected Asbestos is Found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder:** Provide adequate information to demonstrate that appropriate actions have been considered and can be implemented to control asbestos emissions adequately, including at a minimum, conformance with applicable work practice standards.
- XVII. **Certification of Presence of Trained Supervisor:** One year after promulgation of the applicable regulation, the notifier must certify that a person trained in asbestos-removal procedures will supervise the demolition or renovation. The supervisor is responsible for the activity on-site. Evidence that the training has been completed by the supervisor must be available for inspection during normal business hours.
- XVIII. **Certification:** Please certify the accuracy and completeness of the information provided by signing and dating the notification form.

## NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled CO - Courtesy)		WPR Notice?		
II. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)				
OWNER NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:		
CONTACT:	EMAIL:	TELEPHONE:		
REMOVAL CONTRACTOR:				
ADDRESS:				
CITY:	STATE:	ZIP:		
CONTACT:	EMAIL:	TELEPHONE:		
OTHER OPERATOR:				
ADDRESS:				
CITY:	STATE:	ZIP:		
CONTACT:	EMAIL:	TELEPHONE:		
III. TYPE OF OPERATION D - Demo O - Ordered Demo ( <i>Must have written order from municipality</i> ) R - Renovation E - Emergency Renovation/Demolition ( <i>Written approval/authorization issued by APCD</i> )				
IV. IS ASBESTOS PRESENT? Yes / No (Circle one) <b>Attach an accredited asbestos survey in order to be accepted</b>				
V. FACILITY DESCRIPTION (Include building name, number, and floor or room number)				
BUILDING NAME:				
ADDRESS:				
CITY:	STATE:	COUNTY:		
SITE LOCATION:				
BUILDING SIZE:	NUMBER OF FLOORS:	AGE IN YEARS:		
PRESENT USE:		PRIOR USE:		
VI. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL				
VII. APPROXIMATE AMOUNT OF 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW
		CAT I	CAT II	UNIT
PIPES				Ln Ft:      Ln m:
SURFACE AREA				Sq Ft:      Sq m:
VOL RACM OFF FACILITY COMPONENT				Cu Ft:      Cu m:
NONFRIABLE ASBESTOS REMOVED				Ln Ft:      Sq. Ft:
VIII. SCHEDULED DATES ASBESTOS REMOVAL – Date Changes Require Faxed Revisions (805) 781-1002		START:		COMPLETE:
IX. SCHEDULED DATES DEMO/RENOVATION – Date Changes Require Faxed Revisions (805) 781-1002		START:		COMPLETE:

## NOTIFICATION OF DEMOLITION AND RENOVATION *(Continued)*

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS AND TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII.	ASBESTOS WASTE TRANSPORTER #1:		
	OWNER NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
	CONTACT:		TELEPHONE:
	ASBESTOS WASTE TRANSPORTER #2:		
	NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
	CONTACT:		TELEPHONE:
XIII.	ASBESTOS WASTE DISPOSAL SITE:		
	NAME:		
	ADDRESS:		
	CITY:	STATE:	ZIP:
	CONTACT:		TELEPHONE:
XIV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH ORDER		
	NAME:	TITLE:	
	AUTHORITY:		
	DATE OF ORDER (MM/DD/YY):	DATE ORDERED TO BEGIN (MM/DD/YY):	
	ADDRESS:		
XV.	FOR EMERGENCY RENOVATIONS <i>(Written authorization from the APCD is required):</i>		
	DATE AND HOUR OR EMERGENCY (MM/DD/YY):		
	DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:		
	EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
XVII.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).		
	_____		_____
	(Signature of Owner/Operator)		(Date)
VIII.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	_____		_____
	(Signature of Owner/Operator)		(Date)