



**Florida Department of  
Environmental Protection  
Division of Air Resource Management**

**Department of Regulatory and Economic Resources**  
Environmental Resources Management  
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## NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY) :  ORIGINAL  REVISED  CANCELLATION  COURTESY  
 TYPE OF PROJECT (CHECK ONE ONLY) :  DEMOLITION  RENOVATION  ROOFING  
 IF DEMOLITION, IS IT AN ORDERED DEMOLITION?  YES  NO  
 IF RENOVATION:  
 IS IT AN EMERGENCY RENOVATION OPERATION?  YES  NO File # \_\_\_\_\_  
 IS IT A PLANNED RENOVATION OPERATION?  YES  NO Process # \_\_\_\_\_

I. Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Site \_\_\_\_\_ Consultant Inspecting Site \_\_\_\_\_

Building Size \_\_\_\_\_ (Square Feet) # of Floors \_\_\_\_\_ Building Age in Years \_\_\_\_\_  
 Prior Use:  School/College/University  Residence  Small Business Other \_\_\_\_\_  
 Present Use:  School/College/University  Residence  Small Business Other \_\_\_\_\_

II. Facility Owner \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

III. Contractor's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Is the contractor exempt from licensure under section 469.002(4), F.S.?  YES  NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)  
 Asbestos Removal (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Demo/Renovation (mm/dd/yy) Start: \_\_\_\_\_ Finish: \_\_\_\_\_

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. \_\_\_\_\_

Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER: _____			

VI. Procedures for Unexpected RACM: \_\_\_\_\_  
 VII. Asbestos Waste Transporter: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VIII. Waste Disposal Site: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM\*  
 \_\_\_\_\_ square feet surfacing material \_\_\_\_\_ square feet cementitious material  
 \_\_\_\_\_ linear feet pipe \_\_\_\_\_ square feet resilient flooring  
 \_\_\_\_\_ cubic feet of RACM off facility components \_\_\_\_\_ square feet asphalt roofing

\*Identify and describe surfacing material and other materials as applicable: \_\_\_\_\_

I certify that the above information is correct and 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. I have read and understood the additional information provided on the back of this form.

\_\_\_\_\_  
 (Print Name of Owner/Operator)

\_\_\_\_\_  
 (Signature of Owner/Operator)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Contact phone #)

RER USE ONLY

Postmark/Date Received

ID #

## DISCLAIMER

This "NOTICE OF DEMOLITION OR ASBESTOS RENOVATION" is required pursuant to the provisions of 40 CFR 61 Subpart M and Rule 62-257.301, F.A.C. and must be submitted prior to any demolition or regulated asbestos abatement activity. This document is an Asbestos Notification only and is not a permit.

This NOTICE OF DEMOLITION OR ASBESTOS RENOVATION does not constitute a waiver of or approval for any federal, state, county, or local permits that may be required for this facility.

## INSTRUCTIONS for COMPLETING NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it ordered by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an emergency renovation operation? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a planned renovation operation, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is only permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.