



# Notification of Demolition and Renovation Form

## Single & Multi-Structure

Division of Air Pollution Control

Operator Project #:	<i>For Official Use Only</i>						
	<input type="checkbox"/> Hand-Delivered	Postmark / /	Received by Office / /	Notification #			
<b>1</b>	<b>Notification Type (check one)</b>						
	<input type="checkbox"/> Original	<input type="checkbox"/> Revision #	Section #s Revised:	Offsite/Hold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cancellation	
<b>2</b>	<b>Facility Description (include building name, number and floor or room number). If more than one structure, use Multi-Structure Attachment form</b>						
Building Name (if applicable)				Site Location			
Address				County			
City				State	OH	Zip	
Building Size (ft <sup>2</sup> )				No. of Floors		Age (years)	
Present Use				Prior Use			
<b>3</b>	<b>Type of Operation (check one)</b>						
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Emergency Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Fire Training	<input type="checkbox"/> Annual	<input type="checkbox"/> Courtesy
<b>4</b>	<b>Is Asbestos Present? (check one)</b>						
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No, previously abated		Year Abated (if applicable):		
<b>5</b>	<b>Owner/Coordinating Entity, Asbestos Abatement Contractor and Onsite Demolition Contractor Information</b>						
Is this project part of a larger project or urban demolition (installation)?				Does this notification include more than one structure?			
<input type="checkbox"/> Yes (list contact information for coordinating entity below)				<input type="checkbox"/> Yes (complete the Multi-Structure Attachment Form)			
<input type="checkbox"/> No (list contact information for property owner below)				<input type="checkbox"/> No			
Owner/Coordinating Entity							
Address				County			
City				State	Zip		
Contact				Phone ( ) -	Fax ( ) -		
Asbestos Abatement Contractor (if applicable)				On-site Demolition Contractor or Fire Department (if applicable)			
Name				Name			
Address				Address			
City		State	Zip	City		State	Zip
Contact		License #: AC		Contact			
Phone ( ) -		Fax ( ) -		Phone ( ) -		Fax ( ) -	
Email				Email			
<b>6</b>	<b>Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure</b>						
Evaluation Specialist:				License #: ES	Expiration Date / /		
Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of regulated asbestos-containing material (RACM) and Category I and Category II nonfriable asbestos-containing material: <input type="checkbox"/> PLM <input type="checkbox"/> Point Count <input type="checkbox"/> TEM <input type="checkbox"/> Other Method (Explain Below):							
<b>7</b>	<b>Approximate Amount of Asbestos-Containing Materials (complete table below and Section 11 if asbestos is present)</b>						
	Material to be Removed				Material NOT to be Removed		
	RACM	Nonfriable Asbestos-Containing Material		Nonfriable Asbestos-Containing Material			
		Category I	Category II	Category I		Category II	
Pipes (linear feet)							
Surface Area (ft <sup>2</sup> )							
Facility Components ft <sup>3</sup> yd <sup>3</sup>							
<b>8</b>	<b>Scheduled Dates of Demolition or Renovation (original notification is required 10 working days prior to the start of work)</b>						
Start / /				Complete / /			
<b>9</b>	<b>Asbestos Removal Dates and Work Hours (if applicable, for asbestos removal only)</b>						
Start / /				Complete / /			
Hours Onsite	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	—	—	—	—	—	—	—

<b>10</b>	<b>Planned Demolition or Renovation Work (check all that apply)</b>					
Description of planned demolition or renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used:						
<input type="checkbox"/> Implosion <input type="checkbox"/> Fire Training <input type="checkbox"/> Wet Methods <input type="checkbox"/> Manual Demolition <input type="checkbox"/> Mechanical Demolition <input type="checkbox"/> Other (Explain Below)						
Description of affected facility components (include attachment if necessary)						
<b>11</b>	<b>Asbestos Description and Engineering Controls (if asbestos is being abated)</b>					
For the amount of each material listed in Section 7, describe the type(s) of ACM to be abated as well as engineering controls and work practices to be used to minimize emissions and ensure proper waste handling:						
<b>12</b>	<b>Asbestos Waste Transporters (if applicable)</b>					
Asbestos Waste Transporter #1			Asbestos Waste Transporter #2			
Address			Address			
City	State	Zip	City	State	Zip	
Contact			Contact			
Phone (    )    -	Fax (    )    -		Phone (    )    -	Fax (    )    -		
Email			Email			
<b>13</b>	<b>Asbestos Waste Disposal (if applicable)</b>					
Asbestos Waste Disposal Site			Contact			
Address			Email			
City	State	Zip	Phone (    )    -	Fax (    )    -		
<b>14</b>	<b>Emergency Demolition (complete this section if you checked Emergency Demolition in Section 3)</b>					
A copy of the issued order, including the following information, <b>must be attached</b> to this notification.						
Government Official Issuing Order			Title			
Agency			Authority of Order (Citation of Code)			
Date of Order    /    /			Demolition Date    /    /			
<b>15</b>	<b>Emergency Renovation (complete this section if you checked Emergency Renovation in Section 3)</b>					
A separate sheet with the following information <b>must be attached</b> to this notification						
Date of Emergency    /    /			Time of Emergency			
Description of Sudden, Unexpected Event						
Explanation of how the event caused unsafe conditions or equipment damage						
<b>16</b>	<b>Procedures to be followed should unexpected RACM be discovered (check all that apply)</b>					
<input type="checkbox"/> Stop work and keep wet		<input type="checkbox"/> Evacuate area		<input type="checkbox"/> Contact licensed abatement contractor		
<input type="checkbox"/> Contact district office/local air authority		<input type="checkbox"/> Demarcate area		<input type="checkbox"/> Other (Explain Below)		
<b>17</b>	<b>Asbestos Abatement Signature (only sign below if asbestos is being removed)</b>					
In accordance with Ohio Administrative Code rule 3745-20-03(A)(4)(p), I certify that at least one person trained as required by paragraph (B) of rule 3745-20-04 of the Administrative Code will supervise the stripping and removal described by this notification.						
Signature					Date    /    /	
Name, Title and Organization (please print)						
<b>18</b>	<b>Demolition and Renovation Signature (required for all original and revised notifications)</b>					
Signature					Date    /    /	
Name, Title and Organization (please print)						
<i>Original notification must be mailed or hand-delivered at least 10 working days (Monday – Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations which must be submitted as soon as possible before operations begin, but no later than the following work day.</i>						