



329 North First Street, Yakima WA 98901  
 Phone: (509) 834-2050 Fax: (509) 834-2060  
 Website: <http://www.yakimacleanair.org>

**NOTIFICATION OF DEMOLITION AND RENOVATION**

FEE RECEIVED	POSTMARK	DATE RECEIVED	NOTIFICATION #
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I. TYPE OF NOTIFICATION: Original Revised Cancelled Annual

II. OWNER NAME: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

ABATEMENT CONTRACTOR: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

OTHER OPERATOR: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

III. TYPE OF OPERATION: Demolition Renovation Emergency Renovation House Move

IV. IS ASBESTOS PRESENT? Yes No

V. FACILITY DESCRIPTION (Include building name, number & floor/room number):  
 Building Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Site Location of Asbestos (basement piping, main floor ceiling, exterior siding, etc.): \_\_\_\_\_

Building Size: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Age in Years: \_\_\_\_\_  
 Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_

VI. ASBESTOS SURVEY CONDUCTED? (Yes/No) BY WHOM? \_\_\_\_\_ PHONE \_\_\_\_\_  
 DATE CONDUCTED \_\_\_\_\_ LOCATION OF SURVEY REPORT \_\_\_\_\_

VII.

Quantity of Friable ACM To Be Removed	Description of Friable ACM To Be Removed	Quantity of Nonfriable ACM To Be Removed	Description of Nonfriable ACM To Be Removed
Pipes		Category I	
Surface Area		Category II	
Off Component		Other	

VIII. SCHEDULED DATES ASBESTOS REMOVAL: Start: \_\_\_\_\_ Complete: \_\_\_\_\_  
 SCHEDULED WORK WEEK: \_\_\_\_\_ SCHEDULED WORK HOURS: \_\_\_\_\_

IX. SCHEDULED DATES DEMOLITION OR RENOVATION: Start: \_\_\_\_\_ Complete: \_\_\_\_\_

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK & METHODS TO BE USED:  
 (Notice - A Dust Control Plan, in addition to this notification, is required for all demolition work)  
 \_\_\_\_\_  
 \_\_\_\_\_

XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: (Use additional paper if needed)  
 \_\_\_\_\_  
 \_\_\_\_\_

XII. WASTE TRANSPORTER: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

XIII. WASTE DISPOSAL SITE: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:  
 Agency: \_\_\_\_\_  
 Date of Order (Mo/Da/Yr): \_\_\_\_\_ Date Ordered to Begin (Mo/Da/Yr): \_\_\_\_\_

XV. FOR EMERGENCY RENOVATION: Date & Hour of the Emergency (Mo/Da/Yr): \_\_\_\_\_  
 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 WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE PROVISIONS OF 40 CFR, PART 61, SUBPART M, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED WILL BE AVAILABLE ON SITE FOR INSPECTION DURING NORMAL WORKING HOURS.

\_\_\_\_\_  
 (Signature - Owner/Operator) \_\_\_\_\_ Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
 (Signature - Owner/Operator) \_\_\_\_\_ Date

**NOTIFICATION FEE SCHEDULE**

AMOUNT OF ASBESTOS TO BE REMOVED	FEE	TYPE
Over 10,000 L.F. OR Over 50,000 S.F.	\$829	Demolition Or Renovation
1,001-10,000 L.F. OR 5,001-50,000 S.F.	\$411	Demolition Or Renovation
261 - 1,000 L.F. OR 161 - 5,000 S.F.	\$159	Demolition Or Renovation
11 - 260 L.F. OR 49 - 160 S.F.	\$ 84	Demolition Or Renovation
0 - 10 L.F. OR 0 - 48 S.F.	\$ 42	Demolition Or Renovation
No Asbestos	\$ 43	Demolition Only
Any Amount	\$ 75	Renovation Conducted By Owner At An Owner Occupied Single Family Residence
Any Amount	\$164	Removal - Commercial Flat Built-up Roofs
Up to 260 L.F. OR 160 S.F.	\$327	Annual Notice
<b>OTHER CHARGES - ADD TO QUANTITY BASED FEE</b>		
Any Amount	\$84	Emergency Demolition or Renovation
Any Amount	\$37	Revision of Existing Notification