



Mojave Desert
Air Quality Management District
 14306 Park Avenue, Victorville, CA 92392
 Phone: 760.245.1661
www.mdaqmd.ca.gov

Notification of Demolition/Renovation	Please submit to: asbestos@mdaqmd.ca.gov And mail a hard copy with payment or copy of payment. Please refer to Rule 302 for Asbestos Fee.
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CSLB License		Check #	MDAQMD Approval:
Lic Expiration		Amount Received	

1. Type of Notification

Original
 Revised (highlight areas below that have been revised)
 Cancelled

2. Facility Owner

Name:

Address:

City/State/Zip:

Contact:	Phone:
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3. Abatement Contractor

Name:

Address:

City/State/Zip:

Contact:	Phone & Email Address:
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4. Demo/Reno Contractor

Name:

Address:

City/State/Zip:

Contact:	Phone & Email Address:
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5. Project Type

Demolition
 Ordered Demolition
 Demolition by Fire
 Renovation
 Emergency Renovation
 Planned Renovation

6. Asbestos Present?	7. Asbestos Survey?	8. Asbestos Removed?	9. Building to be Demolished?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date:	Date:	Date:



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10. Facility Description
Building Name:
Parcel #:
Address:
City/State/Zip:
Site Location:
Building Size:
of Floors:
Age in Years:
Present Use:
Prior Use:

11. Procedure (Include analytical method, if appropriate, used to detect the presence of asbestos material)
Name of laboratory used:

12. Asbestos Amount to be Removed:				
	Friable	Cat1	Cat 2	Describe the Asbestos Material
On Pipes (linear feet)				
Surface Areas (ft²)				
Totals (add columns)				Grand Total(add rows)

*Fee is based on grand total

**To convert linear feet to square feet, use the following equation: $ft^2 = 3.14 \times \text{Diameter} \times \text{Length}$

13. Scheduled Dates
Asbestos Set Up Start:
Removal Start:
Complete:
Demo/Reno Start:
Demo/Reno Complete:

14. Describe the Planned Demolition, Including Method to be used:
Air Permit Nos of the Abatement Equipment:



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15. Describe the Work Practices and Engineering Controls used to Prevent Emissions of Asbestos on Site:	
16. Waste Transporter	17. Waste Disposal Site
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	Contact:
Phone:	Phone:
18. Ordered Demolition (Include a copy of the order)	
Agency Name:	
Authorizing Person:	Title:
Date of Order:	Order Start:
19. Emergency Renovations	
Date and Hour of Emergency :	
Describe the unexpected event:	
Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	
20. Describe the procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder:	
Certification Under Penalty of Perjury	
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 the normal business hours. (Required 1 year after promulgation)	
Signature of Owner/Operator:	Date:
The undersigned, under the penalty of law, states to the best of my knowledge, that the above information is true and correct.	
Signature of Responsible Party:	Official Title:
Type or Print Name of Signer:	Date:
Contact Telephone Number & Email Address:	
<i>Official Use Only:</i>	