

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Asbestos Checklist

This checklist is required for projects when a **Notification of Demolition/Renovation** is not submitted. The applicant and permitting agency should both retain a copy of this form to verify compliance with [Health & Safety Code §19827.5](#).

Check Yes or No for each of the following regarding the project:		
1	Requires use of HEPA vac(s) or negative air machine(s)?	Yes No
2	Residential structure, including a single-family home, or multi-family with four or fewer dwelling units? <i>(If yes, skip 3 and 4)</i>	Yes No
3	Renovation work that involves the removal or disturbing of at least: <ul style="list-style-type: none"> • 160 square feet, or; • 260 linear feet of pipe, or; • 35 cubic feet, where length or area could not be measured previously. 	Yes No
4	Complete building demolition or a partial demolition which includes structural load bearing members?	Yes No

If you selected:	
• “Yes” for 1:	Submit District Permit Application(s) .
• “Yes” for 2:	Submit checklist.
• “Yes” for 3:	Submit an Asbestos Survey to determine if Notification of Demolition/Renovation form is required.
• “Yes” for 4:	Submit an Asbestos Survey and a Notification of Demolition/Renovation form .

Provide a detailed description of the work to be completed:

Demolition by intentional burning requires submission of Training Burn Notification.

ACM* of any amount or type is **not allowed** in the landfills in San Bernardino County.

*ACM: Asbestos-containing materials; any material containing one percent or more of asbestos.

→ Certification			
<i>By signing this form I declare under penalty of perjury under the laws of the State of California that the provisions of this Checklist/Questionnaire are true and correct.</i>			
Job street address:		City:	Zip:
Name of owner or contractor:	Phone number:	Email address:	
Signature of owner or contractor:			Date signed:

-For District use only-	
Select one: Approved Not approved	
Signature:	Date signed:

