



BENSALEM TOWNSHIP

Building and Planning Department
2400 Byberry Road • Bensalem, PA 19020
Office 215-633-3644 • Fax 215-633-3753
Uniform Construction Code (UCC)

Permit# _____
Date _____
Tax Parcel# _____

APPLICATION FOR DEMOLITION

[] RESIDENTIAL (single family dwelling) ☒ **COMMERCIAL** (Refer to Federal Regulatory Requirements
National Emission Standards for Hazardous Air Pollutants)

Proposed Demolition Information	<u>LOCATION OF PROPOSED DEMOLITION WORK</u> Address: _____ City: _____ State: _____ Zip Code: _____ <u>BRIEF DESCRIPTION OF BUILDING OR STRUCTURE TO BE DEMOLISHED</u> _____ _____ <u>DEMOLITION CONTRACTOR</u> Name: _____ Address: _____ Phone: _____ Email: _____										
Site Plan Requirements	One copy of a site plan showing the proposed demolition must accompany this application. The plans must be drawn to scale (no less than 1/8"=1') on pages which are no larger than 11" x 17". Each plan must detail: <ul style="list-style-type: none">• Size and location of all buildings or structures to be demolished, distances to property lines and distances to sidewalks, pavement and curbs where they abut property lines.• Size and location of any existing buildings or structures that will remain on the site.• Area to be filled to existing grade and seeded or to be fenced and otherwise protected in anticipation of new construction.• If applicable, location dimensions and construction details for protection required in Section 3306 of the International Building Code.• A Demolition Notification Form is required from the State of PA for commercial buildings. For an application and more detailed information visit PA DEP E-Library or request from Bensalem Township – Building & Planning Dept.										
Owner/Applicant Information	If applicant is someone other than the owner, you must list owner information also: <table border="0"><thead><tr><th><u>APPLICANT (IF OTHER THAN OWNER)</u></th><th><u>OWNER (INFORMATION REQUIRED)</u></th></tr></thead><tbody><tr><td>Name _____</td><td>Name _____</td></tr><tr><td>Address _____</td><td>Address _____</td></tr><tr><td>E-Mail _____</td><td>E-mail _____</td></tr><tr><td>Phone _____</td><td>Phone _____</td></tr></tbody></table>	<u>APPLICANT (IF OTHER THAN OWNER)</u>	<u>OWNER (INFORMATION REQUIRED)</u>	Name _____	Name _____	Address _____	Address _____	E-Mail _____	E-mail _____	Phone _____	Phone _____
<u>APPLICANT (IF OTHER THAN OWNER)</u>	<u>OWNER (INFORMATION REQUIRED)</u>										
Name _____	Name _____										
Address _____	Address _____										
E-Mail _____	E-mail _____										
Phone _____	Phone _____										
(SIGNATURE REQUIRED)	Owner Statement: I/We [signatures] certify that I/we own the property described above for which this application is made for a UCC demolition permit and that the applicant my/our approval to demolish this property or act as our agent in the demolition of this property. _____ <div style="display: flex; justify-content: space-between;">SignatureDate</div> _____ <div style="display: flex; justify-content: space-between;">SignatureDate</div>										

DEMOLITION PERMITS ARE FOR DEMOLISHING A STRUCTURE. For submission and processing of application please be sure to include all the required documents!!!!!! Please refer to checklist to avoid any delays with processing.

Check List

- ☐ Application for Demolition
- ☐ Alteration of Land Application
- ☐ Site Plan – Showing existing features on property and proposed demo- including size and location of all buildings or structures to be demolished **AND** location of any existing buildings or structures that will remain, distances to property lines, and distances to sidewalks, pavements and curbs where they abut property lines, area to be filled to existing grade and seeded or to be fenced and otherwise protected in anticipation of new construction.
- ☐ Infestation Abatement Letter required from an exterminator.
- ☐ Electric (PECO) Letter of Disconnect
- ☐ Gas (PECO) Letter of Disconnect
- ☐ Water Service (Aqua) Letter of Disconnect
- ☐ Sewer (Bucks County Water & Sewer) Letter of Disconnect
- ☐ Residential Property – \$**350⁰⁰** Application fee - cash, check or money order made payable to Bensalem Township for residential property
- ☐ Commercial property – Please refer to the Federal Asbestos NESHAP (National Emission Standards for Hazardous Air Pollutants) Regulatory Notification requirements. Township fees to be invoiced after review. No fees due with submission.



BENSALEM TOWNSHIP

Building and Planning Department
2400 Byberry Road • Bensalem, PA 19020
Office 215-633-3644 • Fax 215-633-3753

Application for Alteration of Land Permit

Permit No. _____
Date: _____

SUBMIT TO THE TOWNSHIP BUILDING & PLANNING DEPT AT 2400 BYBERRY RD OR EMAIL TO permitcenter@bensalempa.gov

1. LOCATION OF PROJECT: ☐ RESIDENTIAL ☐ COMMERCIAL

ADDRESS:

TAX PARCEL No.

2. APPLICANT INFORMATION

APPLICANT NAME:

CONTACT NAME: (if different from applicant)

EMAIL ADDRESS:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP:

3. PROPERTY OWNER INFORMATION (if different from applicant)

PROPERTY OWNER:

EMAIL ADDRESS:

PHONE:

4. BRIEF PROJECT DESCRIPTION

5. IF APPLICABLE, DESCRIBE ANY WORK STARTED PRIOR TO RECEIVING PERMIT

6. REQUIRED QUESTIONS

Total area of property: _____ Square feet

Total area of disturbance: _____ Square feet

Additional impervious cover as a result of the project: _____ Square feet

Total impervious cover: _____ Square feet

Select plan type being submitted: ☐ Development ☐ Filling of Property ☐ Excavation, Reclamation
(check all that apply)

☐ Grading of Property ☐ Removal of Earth ☐ Stormwater Installation

☐ Other (describe) _____

Is the project located in a floodplain? ☐ YES ☐ NO

Is there a stream or other wetlands located on the property? ☐ YES ☐ NO

How will drainage be affected? _____

Is this application part of an approved Land Development or Stormwater Management Plan? ☐ YES ☐ NO

A PLOT PLAN MUST BE SUBMITTED WITH THIS APPLICATION

1. Show all existing structures and setbacks.
2. Dimensions of the addition or proposed new structure and its location on the lot with all setbacks from property.
3. Include driveways, sidewalks, patios, etc. and their dimensions.
4. Plot plan should be drawn on regular, unlined paper, 8½" x 11".

A SIGNED COPY OF THIS APPLICATION MUST BE SUBMITTED AT THE TIME OF OR PRIOR TO ISSUANCE OF THE PERMIT

Signature of Applicant/Owner

Date

Township Engineer's Recommendation: _____

CALL 811

You are required by law to contact 811, your state's One-Call agency, at least 48 to 72 hours (varies by state) before beginning any excavation project.

Excavation refers to digging activity of **any** kind, including, but not limited to, installing trees, flowers, shrubs, fences, mailboxes, in-ground basketball goals, real estate signs and party tent stakes.

Please visit <https://call811.com/811-In-Your-State> for state-specific One-Call information.

If Williams operates a pipeline in the vicinity, we will be notified and will locate and mark our pipeline with temporary flags or spray paint before you dig.

Damage from excavation-related activities is the leading cause of pipeline incidents, so always **call 811** before you dig.



**Know what's below.
Call before you dig.**









WHITE LINING

UNDERSTANDING PAINT, STAKES AND FLAGS

Anyone digging is encouraged to pre-mark the ground with white paint, stakes or flags to show the specific area where excavation will take place. This process, known as white lining, ensures accuracy and prevents utility companies from locating and marking unnecessary areas.

UNIFORM COLOR CODE

For temporary underground utility marking:

 WHITE – Proposed excavation	 YELLOW – Gas, oil, steam, petroleum or gaseous materials	 BLUE – Potable water lines
 PINK – Temporary survey markings	 ORANGE – Communications, alarm or signal lines, cables or conduit	 PURPLE – Reclaimed water, irrigation and slurry lines
 RED – Electric power lines, cables, conduit and lighting cables		 GREEN – Sewers and drain lines

RIGHT-OF-WAY ENCROACHMENTS

If a pipeline crosses your property, do not plant trees, high shrubs or any vegetation that would impede access to the right-of-way. Likewise, do not dig, excavate, operate heavy equipment, build, store or place anything on the right-of-way.



pennsylvania

DEPARTMENT OF ENVIRONMENTAL
PROTECTION

ASBESTOS PROGRAM FOR CONTRACTORS WORKING IN PENNSYLVANIA

The Pennsylvania asbestos program includes federal and state regulations to help protect the public from exposure to hazardous amounts of airborne asbestos. The following is a brief summary of the regulations. Information in this fact sheet does not supersede any federal, state or local requirements.

WHAT IS ASBESTOS?

Asbestos is a generic term used to describe a variety of natural mineral fibers. From the early 1930s until the 1970s, manufacturers added asbestos to products for strength and to provide heat insulation and fire resistance. Asbestos also resists corrosion and is a poor conductor of electricity. Because few products contained all of these properties, asbestos was widely used in the construction of homes, schools and other buildings.

HOW CAN PEOPLE BE EXPOSED TO ASBESTOS?

Most people are exposed to small amounts of asbestos in their daily lives. However, if materials containing asbestos are disturbed—for example sawed, scraped or sanded into a powder—asbestos fibers are more likely to become airborne and inhaled into the lungs.

HOW IS ASBESTOS REGULATED IN PENNSYLVANIA?

Because asbestos, in certain forms, has been determined to cause serious health problems, the Department of Environmental Protection (DEP) regulates the removal, collection, transportation and disposal of asbestos-containing materials (ACM). DEP's Air Quality Program has adopted and enforces the federal Environmental Protection Agency (EPA) 40 CFR Part 61 Subpart M, the Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) regulations, as amended on November 20, 1990. Should a project be subject to the NESHAP regulations, a minimum 10-day notification of the project is required to be made to both EPA and DEP. The EPA and DEP do not regulate the removal of ACM from private residences unless the residence is an apartment with five or more units.

The Pennsylvania Department of Labor and Industry (L&I) enforces the Pennsylvania Asbestos Occupations Accreditation and Certification Act of 1990 (Act 194 and Act 161), which requires certification for the following asbestos occupations: contractor, inspector, management planner, project designer, supervisor and worker. L&I requires a five-day prior notification for friable asbestos on indoor projects at regulated facilities (including the EPA/DEP exempt private residence when the friable asbestos is disturbed by someone other than the homeowner). Call L&I at 717-772-3396 for more information regarding Act 194 and Act 161.

Contact the municipality where the project is located to find out if there are any local regulations.

WHAT ARE SOME IMPORTANT DEFINITIONS IN THE ASBESTOS NESHAP REGULATIONS?

- Friable ACM is material containing more than one percent asbestos that, when dry, can be crumbled, pulverized or reduced to a powder by hand pressure.
- Nonfriable ACM is material containing more than one percent asbestos that, when dry, **cannot** be crumbled, pulverized or reduced to a powder by hand pressure. It is divided into two categories:
 - Category I includes asbestos-containing packings, gaskets, resilient floor coverings or vinyl asbestos floor tile and asphalt roofing products.
 - Category II includes any other asbestos-containing material, except Category I nonfriable ACM, such as transite siding shingles, galbestos, concrete-type piping and other ACM concrete-type products.
- Regulated asbestos-containing materials (RACM) are: (a) friable ACM; (b) Category I nonfriable ACM that has passively become friable by water damage, fire damage or weathering; (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, drilling or abrading; and (d) Category II nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to a powder in the course of demolition or renovation operations.
- Demolition – the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

- Renovation – altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component.
- Facility – any institutional, commercial, public or industrial structure. A single residential building with four or fewer dwelling units is not a regulated facility under the NESHAP regulation unless it is part of an installation, which was previously subject to NESHAP regulations or its main use is not residential.
- Installation – a building or structure or any group of buildings or structures at a single demolition or renovation site that is under the control of the same owner or operator.

WHAT DO I NEED TO KNOW BEFORE REMOVING ASBESTOS IN PENNSYLVANIA?

State regulations stipulate that it is illegal for anyone to engage in any asbestos occupation (worker, supervisor, project designer, inspector, management planner or contractor) without proper certification from the L&I. These requirements, along with a five-day notification prior to the start of any abatement or demolition project where ACM is present, are outlined in Acts 194 and 161. Call the L&I at 717-772-3396 for more information regarding these requirements.

The building must be thoroughly inspected for ACM prior to any renovation or demolition. If the amount of friable ACM that will be removed is more than 260 linear feet, 160 square feet or 35 cubic feet, the project falls under the federal NESHAP regulations. This requires that a notification be postmarked or hand delivered to DEP and EPA at least **10 WORKING DAYS** prior to the start of the project. **All demolitions of regulated facilities, as defined above, also require a 10-day notification to DEP and EPA, regardless of the presence of asbestos.**

Additional regulations exist for demolition and renovation of any building containing ACM in Philadelphia and Allegheny counties. In Philadelphia County, call 215-685-7576. In Allegheny County, call 412-578-8133. It is important to contact the appropriate office if the project is located in either of these counties.

WHAT ARE THE PROCEDURES FOR NOTIFICATION?

Notification for projects in Pennsylvania are submitted on the "Asbestos Abatement and Demolition/Renovation Notification" form (revised 10/2002; web form revised 11/2007). A form may be obtained by contacting the DEP asbestos office at 717-787-9257 or by contacting the nearest DEP regional office listed below. The form can also be printed from the DEP website. Instructions are provided with the form. The notice must be delivered by the U.S. Postal Service, commercial delivery service or hand delivery. **FACSIMILES ARE NOT ACCEPTABLE.**

WHERE IS THERE MORE INFORMATION?

To obtain copies of the NESHAP regulations, the notification form or other information, please contact the local DEP regional office:

Southeast Regional Office – 484-250-5920 (Bucks, Chester, Delaware, and Montgomery counties)

Northeast Regional Office – 570-826-2511 (Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, and Wyoming counties)

South-central Regional Office – 717-705-4702 (Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York counties)

North-central Regional Office – 570-327-3638 (Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union counties)

Southwest Regional Office – 412-442-4000 (Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, and Westmoreland counties)

Northwest Regional Office – 814-332-6940 (Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, and Warren counties)

For work done in Philadelphia County, contact Air Management Services at 215-685-7576.

For work done in Allegheny County, contact Allegheny County Health Department at 412-578-8133.

For more information, visit www.dep.pa.gov.



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

Complete all applicable sections of the notification. Fax copies are not accepted, as the notification must be certified with an **original signature**. This form can be used to satisfy the notification requirements of the following agencies (see agency addresses below):

- PA Department of Environmental Protection (DEP)
- PA Department of Labor and Industry (L&I)
- Allegheny County Health Department
- City of Philadelphia Department of Public Health

Special Notations:

- All REVISIONS to a previous notification should be highlighted.
- Item #5 - Check the box that best describes the entire project.
- Item #6 - The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects.
- Item #12 - Please provide the information in the format requested.
- Items #26 and #27 - **Notifications must contain original signatures or they will be returned to the sender, unprocessed.** If a notification is returned for original signature, the ten (10) day reporting period will begin with the postmark date of the resubmitted notification with original signature.
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach.

Fees: If you are submitting an initial asbestos abatement or regulated demolition or renovation project that is subject to 40 CFR Part 61, Subpart M (relating to National Emission Standards for Hazardous Air Pollutants), or the Asbestos Occupations Accreditation and Certification Act (Act 1990 -194) (63 P.S. §§ 2101—2112) you must include a payment for **\$300** payable to "**The Commonwealth of Pennsylvania Clean Air Fund**". Initial notifications will not be considered complete unless accompanied by the fee. The fee must be submitted along with the notification form to the **appropriate DEP regional office** and it applies for all projects (NESHAP and Act 194). **No fee is due for a notification revision.**

The fee is not applicable for projects located within Allegheny or Philadelphia Counties.

You are not required to pay the fee for fire set for the purpose of instructing personnel in firefighting in accordance with 25 Pa. Code § 129.14(c)(2).

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents to Harrisburg.

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
Attn: Asbestos Abatement Permitting

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597

Allegheny County - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #26 should be signed by the Contractor. Item #27 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

The PA DEP Central Office is no longer processing the asbestos demo/reno notification form. Do not send the notification form to the P.O. Box 8468 or the 400 Market Street, Harrisburg address.

The notification submission addresses, listed below, are to be used depending on the county location of your project:

If the facility address is in Bucks, Chester, Delaware, or Montgomery Counties, send your notification information to:

PA DEP Southeast Region
Asbestos Notification
2 East Main Street
Norristown, PA 19401-4915
Telephone: 484-250-5920

If the facility address is in Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, or Wyoming Counties, send your notification information to:

PA DEP Northeast Region
Asbestos Notification
2 Public Square
Wilkes-Barre, PA 18701-1915
Telephone: 570-826-5547

If the facility address is in Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, or York Counties, send your notification information to:

PA DEP Southcentral Region
Asbestos Notification
909 Elmerton Avenue
Harrisburg, PA 17110-8200
Telephone: 717-705-4702

If the facility address is in Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, or Union Counties, send your notification information to:

PA DEP Northcentral Region
Asbestos Notification
208 West Third Street, Suite 101
Williamsport, PA 17701-6448
Telephone: 570-321-6580

If the facility address is in Beaver, Cambria, Fayette, Greene, Somerset, Washington, or Westmoreland Counties, send your notification information to:

PA DEP Southwest Region
Asbestos Notification
400 Waterfront Drive
Pittsburgh, PA 15222-4745
Telephone: 412-442-4107 for Beaver, Greene, and Washington Counties
Telephone: 724-925-5428 for Cambria, Fayette, Somerset, and Westmoreland Counties

If the facility address is in Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, or Warren Counties, send your notification information to:

PA DEP Northwest Region
Asbestos Notification
230 Chestnut Street
Meadville, PA 16335-3481
Telephone: 814-332-6634

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are provided. **Do not mail original notifications to L&I.**

STATE AND LOCAL AGENCY CONTACTS

City of Philadelphia

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597
Telephone: 215-685-7576

Allegheny County

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
Telephone: 412-578-8133

Labor & Industry Contact

Department of Labor and Industry
Bureau of Occupational and Industrial Safety
Seventh and Forster Streets - Room 1623
Harrisburg, PA 17120
Telephone: 717-772-3396



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Annual Notification <input type="checkbox"/> Cancellation
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____ <input type="checkbox"/> Municipality (specify): _____	
3.	FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY: A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	TYPE OF OPERATION (check all that apply): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: <u>PA</u> Zip Code: _____ Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility size in square feet: _____ # of floors: _____ Age in years: _____	
7.	ABATEMENT CONTRACTOR: Company name: _____ Email address: _____ Allegheny County or City of Philadelphia License # (if applicable): _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____	

8. DEMOLITION CONTRACTOR:

Company name: _____

Email address: _____

Street/Rural/POB Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:

Owner name: _____

Email address: _____

Street/Rural/POB Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone No. (between 8:00 & 4:30): _____

10. FACILITY INSPECTION (required for renovation and demolition projects):

Building inspector: _____ Certification #: _____

Date of inspection: _____ Is any material assumed to be asbestos? ☐ Yes ☐ No

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT? ☐ Yes ☐ No If Yes, please list in #12.

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

Code *
Type of ACM

FRI - Friable ACM
NF1 - Cat I nonfriable ACM
NF2 - Cat II nonfriable ACM
(Note: Allegheny County
treats all ACM as friable)

Code **
Units

LF - Linear ft.
SF - Square ft.
CF - Cubic ft.

Code ***
Type of abatement

REM - Removal
CAP - Encapsulation
CLO - Enclosure
NON - None

Code ****
Final Clearance

PCM - Phase contrast microscopy
TEM - Transmission electron microscopy

13. Is this project regulated by NESHAP? ☐ Yes ☐ No
 Is this project subject to Act 194? ☐ Yes ☐ No

14. OPERATION SCHEDULE(S) (as applicable):

- A. Asbestos abatement: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check): ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check): ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check): ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S):

- A. Transporter #1 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S) (any asbestos containing material):

- A. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S):

- A. Company name/individual: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Final clearance firm: (if different than 19A) _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- Final clearance firm was hired by (check one): ☐ Contractor ☐ Owner
☐ Other: Explain: _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only):

- A. PCM company name/individual: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ ☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the ten (10) working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____

Name of individual who ordered: _____ Title: _____

Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. 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:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____

Contractor (Individual): _____ Certification #: _____

Supervisor: _____ Certification #: _____

Contractor (Firm): _____ Certification #: _____

25. Fees (Applicable to projects subject to both NESHAP and Act 194 (Asbestos Occupations Accreditation and Certification Act))

If you are submitting an Initial notification for an asbestos abatement or regulated demolition or renovation project that is subject to 40 CFR Part 61, Subpart M (relating to National Emission Standards for Hazardous Air Pollutants), or the Asbestos Occupations Accreditation and Certification Act (Act 1990 -194) (63 P.S. §§ 2101—2112), you must include a payment for **\$300** payable to "The Commonwealth of Pennsylvania Clean Air Fund" and submitted to the respective regional office.

Initial notifications will not be considered complete unless accompanied by the fee.

Please provide check # _____

* * * * * SIGN BOTH STATEMENTS * * * * *

26. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) 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 ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL AGENCY RULES AND REGULATIONS.

(Original Signature of Owner/Operator)_____
(Date)

Printed Name of Owner/Operator: _____ Title: _____

27. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN TITLE 18 PA. C.S.A. SECTION 4904 AND 35 P.S. SECTION 4009(b)(2).

(Original Signature of Owner/Operator)_____
(Date)

Printed Name of Owner/Operator: _____ Title: _____