DEMOLITION PERMIT APPLICATION INSTRUCTIONS

1. The property owner or property owner’s agent must complete the Demolition Permit Application.

2. Required forms to be submitted with the application are:
   a. Form D-1: demolition permit property owner’s authorization
   b. Form D-2: demolition permit sewer and water service disconnect checklist
   c. Site plan or property survey

3. Submit application to:

   Planning & Development Services
   Cranberry Township
   2525 Rochester Road, Suite 400
   Cranberry Township, PA 16066
   724-776-4806, extension 1153

For more information contact us at the above listed number or visit us on the website at www.cranberrytownship.org.
Demolition Permit Checklist and Guidelines

- No work shall commence prior to issuance of a Demolition Permit.

- A property owner’s authorization form and a site plan or property survey identifying the structures to be demolished are required to be submitted with the permit application.

- Notify PA One Call at 800-242-1776 or www.paonecall.org at least three (3) days prior to the start of any demolition or excavation.

- It is the responsibility of the owner and/or applicant to provide notification of demolition and request for disconnect to all public/private utility service companies. Service utilities shall be disconnected in accordance with utility specifications.

- Public sewer and water utility service shall be disconnected and capped in accordance with the requirements of the Cranberry Township Sewer and Water Department of intent to demolish at 724-776-4806, extension 1515. Abandoned sewer and water lines shall be cut and capped at the main line and shall be inspected prior to back fill. Inspection can be scheduled by calling 724-776-4806, extension 1161. See the attached Sewer and Water Demolition Permit check list (Form D-2).

- When an on lot septic system is present: 1) tanks must be pumped, 2) any associated plumbing must be removed and disposed of properly and 3) tanks must be removed and disposed of properly or abandoned in place with holes punched in the bottom of the tank and the tank backfilled with clean fill. Contact Jeff Winkle at 724-622-8306 or via e-mail at jdlawinkle5@gmail.com.

- On lot wells to be abandoned shall have the pump removed. The shaft shall be completely backfilled with clean gravel and permanently capped 12” below finished grade.

- A separate FIRE PREVENTION PERMIT is required prior to the removal of any above ground or below ground storage tanks used for combustible and flammable liquids.

- Asbestos shall be removed in accordance with the PA Department of Environmental Protection Air Quality’s regulations. (form attached) Asbestos removal is regulated by the PA Department of Labor and Industry. For further information contact the PA Department of Labor and Industry at 717-772-3396 or on the web at http://www.depweb.state.pa.us/dep/site/default.asp
**CRANBERRY TOWNSHIP**

**DEMOLITION PERMIT APPLICATION**

(1200)

1. **LOCATION OF PROPERTY**
   - Street number
   - Street name
   - Suite # (if applicable)

2. **DESCRIPTION OF BUILDING/STRUCTURE TO BE DEMOLISHED**

3. **CHECK ONE OF THE FOLLOWING THAT APPLY**
   - [ ] Non-Residential Structure
   - [ ] Residential Structure
   - [ ] Accessory Structure
   - Description:

4. **REQUIRED FORMS TO BE SUBMITTED WITH APPLICATION: (INCLUDE ALL FORMS W/APPLICATION)**
   - [ ] Property Owner Authorization Form D1
   - [ ] Sewer & Water Service Disconnect Form D2
   - [ ] Site Plan/Property Survey

5. **Applicant:**
   - [ ] Owner
   - or
   - [ ] Authorized agent of owner
   - Last name
   - First name
   - Corporation or Partnership
   - Street address
   - City:
   - State:
   - ZIP Code:
   - Telephone number:
   - Fax number:

6. **Owner (if different from applicant)**
   - Last name
   - First name
   - Corporation or Partnership
   - Street address:
   - City:
   - State:
   - ZIP Code:
   - Telephone number:
   - Fax number:

7. **Contractor Information**
   - Contractor/Company name:
   - Street Address:
   - City:
   - State:
   - ZIP Code:
   - Telephone number:
   - Fax number:

8. **Workers Compensation certificate provided with this application**
   - [ ] Yes
   - [ ] No

9. **Applicant is exempt (no employees) – exemption form completed with this application**
   - [ ] Yes
   - [ ] No

10. **I hereby acknowledge the information contained herein is true and correct, and I hereby agree that all provisions of Cranberry Township Codes shall be complied with.**

__________________________  _________________________
Applicant Signature              Date

__________________________  _________________________
Print name                      E-mail address (optional)
DEMOLITION PERMIT APPLICATION
FOR TOWNSHIP USE ONLY – DO NOT WRITE IN THIS SECTION

<table>
<thead>
<tr>
<th>AP#:</th>
<th>WORK ORDER #</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAP &amp; PARCEL #:</td>
<td></td>
</tr>
</tbody>
</table>

| ZONING DISTRICT: | |
| NUMBER OF STORIES IN STRUCTURE: | NAICS: |

DESCRIPTION OF CONSTRUCTION ACTIVITY: DEMOLITION

| FLOODPLAIN: | ☐ Yes ☐ No |

CONDITIONS OF ISSUANCE:

FEE: $59.50

_________________________________________  ___________________________
Code Administrator Signature          Approval date

_________________________________________  ___________________________
Print name

I:\COMMUNITY PLANNING AND CODES\APPLICATIONS\DEMOLITION\DEMOLITION PERMIT APPLICATION.DOCX
DEMOLITION PERMIT
OWNERS AUTHORIZATION
FORM D-1

Authorization for Demolition provided to:
Name:

Company name:

Address:

City: State: ZIP Code:

Telephone number: Fax number:
( ) ( )

Building and Location (as noted on the attached site plan/lot survey)
Building name (if applicable):

Address:

City: State: Zip code:

Finish and sign this document in the presence of a Notary Public.

I, ___________________________________________ certify that I am the legal owner of the property noted above. I hereby authorize the following individual, (print name) ___________________________________________
of (print company name and address) ________________________________________________________________
to demolish the building(s) as noted on the attached site plan/property survey located at (print building information and address) ________________________________________________________________

______________________________ ______________________
Property owner’s signature Date

______________________________
Print property owner’s name

Commonwealth of Pennsylvania ) SS:
County of _________________ )

On this, ____________ day of ____________, 20___, before me, ____________________________, a Notary Public, the undersigned officer, personally appeared ____________________________ of ___________________________________________ known to me (or satisfactorily proven) to be the person whose name is subscribed to within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

______________________________
Notary Public

My commission expires:
# DEMOLITION PERMIT

## SEWER AND WATER SERVICE CHECK LIST

**FORM D-2**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>IF YES, CHECK WHICH APPLY</th>
<th>Sewer</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOES PROPERTY HAVE PUBLIC SEWER AND/OR WATER SERVICE?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HAS FINAL METER READING BEEN SCHEDULED?</td>
<td></td>
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<tr>
<td>HAS APPOINTMENT BEEN SCHEDULED TO HAVE WATER METER REMOVED?</td>
<td></td>
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<td></td>
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<tr>
<td>HAS INSPECTION FOR DISCONNECTION OF SERVICES BEEN SCHEDULED?</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>WILL EXISTING SERVICE(S) BE OF USE FOR FUTURE DEVELOPMENT OF PROPERTY?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Important:

*A - Before demolition of structure(s) commences, on properties in which the existing service(s) will be used for future development, the sanitary sewer lateral is required to be cut and capped at the point where the lateral crosses the property right-of-way line and the water service terminated at the curb stop.*

*B - For properties in which the existing service(s) will not be of use or reconstruction plans have yet to be approved by the Township, the sanitary sewer lateral must be cut and capped at the sanitary wye connection to the sanitary sewer main line and the water service must be disconnected at the water main before demolition begins. All costs associated with the disconnection of service(s) is the responsibility of the property owner.*

---

**Applicant’s Signature**

**Date**

**Print Applicant’s name**

---

**FOR TOWNSHIP USE ONLY**

**WO # FOR FINAL READ**
SANITARY SEWER LATERAL DISCONNECTS

Sanitary Lateral Disconnection
PVC – Plastic
Use Gasketed Cap or Push in Plug on Gasketed-Hub or Glue Cap

Sanitary Wye Disconnection - PVC – Plastic
Use Gasketed Cap or Push in Plug on Gasketed-Hub or Glue Cap

Sanitary Wye Disconnection - Concrete or Clay

Install Fernco/Jincap w/stainless steel band
WATER SERVICE DISCONNECTS

Gate Valve Procedure

Corporation and Curb Stop Procedure
November 23, 2010

Re: Demolition/Renovations of Structures

Dear Local Government Officials:

Did you know that owners and operators of structures to be renovated and/or demolished in your municipality must meet state and federal asbestos requirements?

Do your residents know that securing a local demolition permit does not guarantee compliance with state and federal asbestos requirements?

The Department of Environmental Protection, Air Quality Program, regulates demolition and renovation operations, under the National Emission Standards for Hazardous Air Pollutants ("NESHAPs") for Asbestos, adopted by the Commonwealth at 25 Pa. Code §124.3. Nearly all demolition operations, regardless of the presence of asbestos, and all renovation operations involving at least 160 square feet, 260 linear feet on pipes, or 35 cubic feet of regulated asbestos-containing material, require ten working days advance notification to the Department and the United States Environmental Protection Agency (USEPA). This regulation applies to public, institutional, commercial and industrial structures, waste disposal sites, ships, individual residential structures having more than four dwelling units, structures burned intentionally for fire training exercises and any group of two or more residential structures under common control.

Buildings that are unsound and in danger of collapse may be excused from the ten day waiting period as provided in 40 CFR 61.145(a)(3) and (b)(3)(iii) when a public demolition order is issued by the local municipality to the property owner.

Emergency renovation operations, defined in 40 CFR 61.141, are also excused from the ten-day requirement. In both instances the applicable notification requirement becomes "As early as possible, but not later than the following working day."

Asbestos Notification forms and instructions are enclosed. The forms are also available online at the PA Department of Environmental Protection website- www.state.pa.us. Select "Search" and click on the word asbestos. The page contains several fact sheets about asbestos as well as links to other related sites.
Personnel conducting demolition and/or renovation operations subject to the NESHAP Asbestos Regulation are required to meet certain training requirements and hold certifications issued by the Pennsylvania Department of Labor and Industry (DLI). Additional details are available on the DLI website—www.dli.state.pa.us, by calling 717.772.3396.

Owners and operators of demolition operations are also required under 25 Pa. Code §123.1(c) to take reasonable actions to prevent particulate matter from becoming airborne, and 25 Pa. Code §123.2 prohibits fugitive particulate matter from such operations if the emissions are visible at the point they pass outside the property. A copy of Title 25 Pa. Code is available for review online at www.pacode.com.

Department Air Quality Program staff are available to meet with you to discuss the asbestos regulatory requirements and other regulations as they relate to potential projects in your area.

Please contact me at 814.332.6634, if you have any questions.

Sincerely,

Lori L. McNabb
Environmental Group Manager
Air Quality Program

Enclosures

LLM:1sl
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 1989 (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. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- Allegheny County Health Department
- PA Department of Labor and Industry
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

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 the Department of Labor and Industry.

Special Notations:
- All REVISIONS to a previous notification should be highlighted
- Item #6 - Check the box that best describes the entire project
- Item #7 - 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
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

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 regulated 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 regulated 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 regulated 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 regulated facility address is in Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, or Union Counties, send your notification formation to:
PA DEP Northcentral Region
Asbestos Notification
208 West Third Street, Suite 101
Williamsport, PA 17701-6448
Telephone: 570-321-6580
If the regulated facility address is in Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, or Westmoreland Counties, send your notification formation to:

PA DEP Southwest Region
Asbestos Notification
400 Waterfront Drive
Pittsburgh, PA 15222-4745
Telephone: 412-442-5214 for Armstrong, Beaver, Greene, and Washington Counties
Telephone: 724-925-5428 for Cambria, Fayette, Indiana, Somerset, and Westmoreland Counties

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

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

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 directly to Harrisburg.

<table>
<thead>
<tr>
<th>Allegheny County Health Department</th>
<th>City of Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Quality Program</td>
<td>Department of Public Health</td>
</tr>
<tr>
<td>Building 7</td>
<td>Air Management Services</td>
</tr>
<tr>
<td>301 39th Street</td>
<td>Asbestos Control Unit</td>
</tr>
<tr>
<td>Pittsburgh, PA 15201-1891</td>
<td>321 University Avenue</td>
</tr>
<tr>
<td>Attn: Asbestos Abatement Permitting</td>
<td>Philadelphia, PA 19104-4597</td>
</tr>
</tbody>
</table>

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 #25 should be signed by the Contractor. Item #26 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.

If this project is regulated by the Asbestos NESHAP, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

<table>
<thead>
<tr>
<th>Asbestos NESHAP Coordinator (3WC32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>US EPA Region III</td>
</tr>
<tr>
<td>1650 Arch Street</td>
</tr>
<tr>
<td>Philadelphia, PA 19103-2029</td>
</tr>
</tbody>
</table>

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency as listed.

REMINDER: Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.
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
215-685-7576

Allegheny County
Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
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
717-772-3396
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: ______________________

Project ID#: ______________________

Permit #: ______________________

Other #: ______________________

Inspector: ______________________

Date Received 1: ______________________

Date Received 2: ______________________

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):

☐ Initial

☐ Annual Notification

☐ Revision (highlight here, and changes)

☐ Phase of Annual Notification

☐ Postponement

☐ Cancellation

Date of Initial Notification or, if previously revised, date of last revision: ______________________

2. PROJECT LOCATION (check one):

☐ Allegheny County

☐ City of Philadelphia

☐ Other Location in PA (specify county): ______________________

3. For Allegheny County and City of Philadelphia projects only:

A. Does this project require a permit? ☐ Yes ☐ 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: ______________________

Company name: ______________________

Address: ______________________

City: ______________________ State: ______ Zip: ______ Phone: ______

Certification #: ______________________

4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? ☐ Yes ☐ 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 one):

☐ Demolition

☐ Ordered Demolition

☐ Abatement prior to Demolition

☐ Renovation

☐ Emergency Renovation

6. FACILITY DESCRIPTION:

Job No.: ______________________ (see instructions)

Facility Name: ______________________

Street/Rural Address: ______________________

City: ______________________ State: PA Zip Code: ______

Present use: ______________________

Prior use: ______________________

Will the facility be occupied during the abatement activity? ☐ Yes ☐ No

Facility size in square feet: ______________________ # of floors: ______ Age in years: ______

7. ABATEMENT CONTRACTOR:

Company name: ______________________

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: ________________________________
   Street/Rural/POB Address: ______________________
   City: __________________________ State: ___________ Zip: ___________
   Contact: ________________________________ Telephone No. (between 8:00 & 4:30): ___________

9. FACILITY OWNER:
   Owner name: ________________________________
   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.

<table>
<thead>
<tr>
<th>Code *</th>
<th>Description of material</th>
<th>Location of material (room/floor/area)</th>
<th>Amount of ACM</th>
<th>Code **</th>
<th>Code ***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Final Clearance</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>PCM - Phase contrast microscopy</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>TEM - Transmission electron microscopy</td>
</tr>
</tbody>
</table>

13. Is this project regulated by NESHAP □ Yes □ No
    A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF
14. OPERATION SCHEDULE(S) (as applicable)
   A. Asbestos abatement:
      Daily hours of operation: ______________________
      Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
      Start Date: ___________ am or pm to ___________ am or pm
      Completion Date: ___________ am or pm

   B. Demolition:
      Daily hours of operation: ______________________
      Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
      Start Date: ___________ am or pm to ___________ am or pm
      Completion Date: ___________ am or pm

   C. Renovation:
      Daily hours of operation: ______________________
      Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
      Start Date: ___________ am or pm to ___________ am or pm
      Completion Date: ___________ am or pm

   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 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 #: ____________

**SIGN BOTH STATEMENTS**

25. 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: ____________

26. 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 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

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

   Printed Name of Owner/Operator: ___________________________ Title: ____________

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