

SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT

www.valleyair.org/compliance/demolition-renovation

Northern Region Office
 4800 Enterprise Way
 Modesto, CA 95356-8718
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 Asbestos.North@valleyair.org

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DEMOLITION PERMIT RELEASE

The purpose of this form is to verify compliance with or exemption from the National Emission Standards for Hazardous Air Pollutants (NESHAP) asbestos **notification** requirements. It is the Applicant's responsibility to obtain the required signature from the District and return this form to the appropriate city or county building department **prior to obtaining a demolition permit.**

Project Description

Job Site Address: _____ City: _____ Zip Code: _____

Owner's name: _____ Telephone: _____ Fax: _____

Owner's Address: _____ City: _____ Zip Code: _____

Contractor's Name: _____ Telephone: _____ Fax: _____

Contractor's Address: _____ City: _____ Zip Code: _____

Contact Email: _____

1. Structure Being Demolished:

A single Residence (a single-family dwelling or single-structure apartment complex of four or fewer total units)* and/or associated out-structures

Other (Describe): _____

1a. Will the structure be demolished by intentional burning? (a fire-suppression-agency burn plan is required) Yes No

2. Proposed Site Use (What will replace the demolished structure(s)?)

A single *Residence Subdivision, Retail, or Commercial project Public Project (school, highway, etc.)

Other (Describe): _____

Comments: _____

Signature of applicant

Title

Date

FOR SJVAPCD USE ONLY

This certifies that the demolition applicant has satisfied the APCD's notification requirements. The APCD allows the demolition to proceed on or after _____

This certifies that the Demolition application is exempt from the APCD's requirements.

District approval on this form only indicates compliance with or exemption from the NESHAP notification requirements. Enforcement action will be taken if asbestos NESHAP violations are found at the project.

Further, there are other agencies that regulate the handling and disposal of ACM, such as OSHA, Cal-OSHA, and DTSC regardless of NESHAP applicability to your property.

Comments: _____

Printed Name: _____

Title: _____

Approval Signature: _____

Date: _____

*As defined in the residential exclusion of a "facility" in the Asbestos NESHAP § 61.141.