



DURHAM CITY-COUNTY INSPECTIONS DEPARTMENT
 101 City Hall Plaza, Ground Floor, Suite 400, Durham NC, 27701
 Phone: (919) 560-4144
 FAX: (919) 560-4484
 www.durhamnc.gov



BUILDING DEMOLITION PERMIT APPLICATION

JOB ADDRESS: _____

JOB DESCRIPTION: DEMOLITION OF BUILDING HOUSE OTHER

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

EMAIL: _____ CONTRACTOR ACCOUNT NO.: _____

JURISDICTION: CITY COUNTY PAYMENT TYPE: _____

OWNER: _____ PHONE NO.: _____

BUILDING AREA IN SQUARE FEET: _____

BY MY SIGNATURE I ACKNOWLEDGE THAT THE SITE MUST BE CLEARED OF ALL DEBRIS, INCLUDING THE FOUNDATION AND FOOTING. THE SITE MUST ALSO BE PROPERLY GRADED TO ALLOW FOR DRAINAGE.

(Signature below is owner or authorized agent of the owner.)

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

TYPE CONSTRUCTION: _____ TYPE OCCUPANCY: _____

PIN: _____-_____-_____-_____ ZONING: _____ CENSUS TRACT: _____

HISTORIC DISTRICT: YES NO IF YES: HPC # _____

PLAN STATUS: _____ FEE: _____

REVIEWER: _____ DATE REVIEWED: _____

SUPERVISOR APPROVAL FOR ISSUANCE: _____ DATE: _____

DEPARTMENTAL APPROVAL: _____ DATE: _____



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**ACKNOWLEDGEMENT OF POTENTIAL REQUIREMENTS FOR ASBESTOS
INSPECTION BY THE HEALTH HAZARDS CONTROL UNIT OF THE NORTH
CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF
PUBLIC HEALTH**

As the applicant for the building permit at _____, to
demolish/renovate _____, I hereby acknowledge that the issuance
of a building permit by the Durham City-County Inspections Department does not relieve me of my
responsibility of obtaining any required asbestos inspections by the Health Hazards Control Unit of
the Health and Human Services Division of Public Health (HHCU).

In addition, I have read and understand the following:

- Amendments to EPA’s National Emission Standards for Hazardous Air Pollutants (NESHAP) require an asbestos inspection and a ten (10) working day notification prior to the demolition and renovation of all commercial, institutional, or industrial facilities except residential buildings having four (4) or fewer dwelling units.
- NESHAP also applies to the demolition of all residencies which are being demolished for commercial, institutional, of industrial purposes.
- Notification for all demolitions is required whether or not the structures are found to contain asbestos.
- If the inspection, which must be conducted by a North Carolina accredited asbestos inspector, confirms that a facility contains at least 160 square feet, 260 linear feet, or 35 cubic feet of Regulated Asbestos Containing Materials (RACM), then these materials are to be removed prior to starting the renovation or demolition activity.
- When removal of RACM is required, a removal fee shall also be submitted as part of the notification process.
- The notification and removal fee, when applicable, shall be submitted to HHCU.
- Additional information or copies of the regulations, summarized above, can be obtained by contacting HHCV at (919)-707-5950.

Applicant’s Name: _____

Signature: _____

For: _____

Date: _____



**City of Durham
Public Works Department
Engineering Division**

101 City Hall Plaza, 3rd Floor, Durham, NC 27701
Telephone: (919)-560-4326 Facsimile: (919)-560-4316

ENGINEERING DIVISION DEMOLITION INFORMATION FORM

This form is to be used in conjunction with the Building Inspections permits when a structure is demolished. Submit to Engineering Division **BEFORE** starting work on the site.

BY MY SIGNATURE BELOW, I

(Print Contact Name)

(Contact Address, City, State, ZIP)

(Contact Phone number)

(Contact FAX number)

certify that I have applied for a structure demolition permit with Building Inspections.

(Previous Structure Address, City, State, ZIP)

The structure to be demolished is located at:

(Structure Relocation, Address, City, State, ZIP)

Before demolishing the structure from the existing location, I will do the following:

1. Locate the existing water meter box. Mark the location and contact **Durham Water and Sewer Maintenance (560-4344)** to remove the existing meter.
2. Locate the existing sewer cleanout at the right of way. Mark the location. If the cleanout conflicts with the demolition of the structure, dig down around the cleanout a minimum of 24", cap it, and measure its location to two features (ex. property corners) for future reference.
3. **Contact Durham Engineering Inspection (560-4326, option 1)** with a 48 hour notice for inspection **before and after** the structure is demolished.

I understand that the damage in the right of way (including but not limited to water meters, sewer cleanouts, concrete curb and pavement) will be my responsibility to repair or replace as necessary as a result of damage from moving the structure. I acknowledge that failure to do these repairs will prevent me from obtaining a Certificate of Occupancy, if applicable. I further acknowledge that I will make subsequent or prospective buyers aware of this situation.

Signature: _____ Date: _____

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION
 FOR DEMOLITION/RENOVATION**

		Permit Number	NESHAP ID Number
1. TYPE: <input type="checkbox"/> Asbestos Removal ; <input type="checkbox"/> Emergency Asbestos Removal ; <input type="checkbox"/> Nonscheduled Asbestos Removal ; <input type="checkbox"/> Demo ; <input type="checkbox"/> Ordered Demo			
2. IS ASBESTOS PRESENT? <input type="checkbox"/> Yes; <input type="checkbox"/> No			
3. FACILITY INFORMATION (Identify Owner, asbestos removal contractor, demo contractor, air monitor, designer)			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
OPERATOR NAME (IF OTHER THAN OWNER):			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
ASBESTOS REMOVAL CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
DEMOLITION CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Contact Phone:	
SUPERVISING AIR MONITOR (If Required):		NC Accreditation Number:	
ABATEMENT DESIGNER (If Required):		NC Accreditation Number:	
4. FACILITY DESCRIPTION (Including building name, number and floor or room number)			
Bldg. Name:		Facility Contact:	
Street Address:			
City:	State:	Zip:	County:
Building Size:	# of Floors:	Age in Years:	
Present Use:	Prior Use:	Future Use:	
Asbestos Removal Site Location (e.g., 2 nd Floor East Wing):			
5. SCHEDULED DATES: NONSCHEDULED ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:
6. SCHEDULED DATES: ASBESTOS REMOVAL (MM/DD/YY)		Start:	Complete:
7. SCHEDULED DATES: DEMOLITION (MM/DD/YY)		Start:	Complete:
8. WORK SCHEDULE (Circle days applicable): Mon Tue Wed Thu Fri Sat Sun			WORK HOURS:
FOR GOVERNMENTAL AGENCY USE ONLY			
POSTMARK DATE: _____ REGION/COUNTY/CONTRACTOR/LANDFILL: _____			
APPROVING SIGNATURE: _____ DATE: _____			

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION

9. INSPECTION INFORMATION (Include five digit NC HHCU assigned accreditation number)			
Inspector Name:		NC Accreditation Number:	
Date of Inspection:	Samples Collected: <input type="checkbox"/> Yes ; <input type="checkbox"/> No	Samples Analyzed: <input type="checkbox"/> PLM <input type="checkbox"/> TEM	
Materials May Be Assumed ACM for Renovation/Removal Purposes: Assumed ACM: <input type="checkbox"/> Yes ; <input type="checkbox"/> No			
10. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:			
11. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: (Check all that apply)			
		<u>ASBESTOS REMOVAL</u>	<u>DEMOLITION</u>
<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Negative Pressure	<input type="checkbox"/> Bulldozer/Loader
<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Dry Removal	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Strip & Removal	<input type="checkbox"/> Mechanical Chipping	Requires Prior Written	<input type="checkbox"/> Impplode
<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	Approval from HHCU;	<input type="checkbox"/> Live Burn Training (see #11 of the attached Instructions)
<input type="checkbox"/> Other - Explain Below	<input type="checkbox"/> Mechanical Buffer	Attach copy of approval letter.	
12. ASBESTOS WASTE TRANSPORTER # 1			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:			Contact Phone:
ASBESTOS WASTE TRANSPORTER # 2			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:			Contact Phone:
13. ASBESTOS WASTE DISPOSAL SITE			
Name:			
Location:			
City:	State:	Zip:	
Contact Person:			Contact Phone:
14. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (ATTACH COPY OF ORDER)			
Name:		Title:	
Authority:			
Date Ordered (MM/DD/YY):		Date Demolition Ordered to Begin (MM/DD/YY):	
15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN WORKING DAY NOTIFICATION PERIOD: <input type="checkbox"/> Yes; <input type="checkbox"/> No (If Yes, attach letter)			

**ASBESTOS PERMIT APPLICATION AND NOTIFICATION
 FOR DEMOLITION/RENOVATION**

16. AMOUNT OF ACM NOT TO BE REMOVED (Indicate whether LF, SF, or CF)

Category I:	Category II:
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17. RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES

TYPE OF RACM	AMOUNT X \$.10 = FEE	TYPE OF RACM	AMOUNT X \$.20 = FEE
Flooring/Mastic: _____ sf	x .10 = \$ _____	Pipe Insulation (TSI): _____ lf	x .20 = \$ _____
Ceiling Tile: _____ sf	x .10 = \$ _____	Boiler Insulation (TSI): _____ sf	x .20 = \$ _____
Cementitious - Roofing/Siding/Panels: _____ sf	x .10 = \$ _____	Surfacing Material: _____ sf	x .20 = \$ _____
Roofing: _____ sf	x .10 = \$ _____	Other: _____ sf/cf	x .20 = \$ _____
Other: _____ sf/cf (e.g., drywall/joint compound Wallboard System)	x .10 = \$ _____		
TOTAL (A) _____ sf	x .10 = \$ _____	TOTAL (B) _____ lf/sf/cf	x .20 = \$ _____

18. TOTAL LF TO BE REMOVED:	TOTAL SF TO BE REMOVED:	TOTAL CF TO BE REMOVED:
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19. FEES DUE

(a) TOTAL # 17(A) + # 17 (B) = \$ _____

(b) ASBESTOS REMOVAL CONTRACT PRICE = \$ _____ X .01 (1%) = \$ _____

TOTAL FEES FOR ASBESTOS REMOVALS PRIOR TO DEMOLITION SHALL NOT EXCEED \$1,500.00. CHECK HERE, IF APPLICABLE []

RESIDING HOMEOWNERS ARE EXEMPT FROM PERMIT FEES. CHECK HERE, IF APPLICABLE []

(c) TOTAL FEE DUE = \$ _____ (Whichever is greater, (a) or (b) above)

20. I, AN OWNER OR OPERATOR OF THE DEMOLITION/RENOVATION ACTIVITY, HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE, AND THAT IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR ACM BECOMES RACM, THE NORTH CAROLINA ASBESTOS HAZARD MANAGEMENT PROGRAM WILL BE NOTIFIED. I FURTHER CERTIFY THAT THIS PROJECT WILL BE CONDUCTED IN ACCORDANCE WITH 40 CFR PART 61, SUBPART M (NESHAP) AND 10A NCAC 41C SECTION .0600 (NC ASBESTOS HAZARD MANAGEMENT PROGRAM RULES).

NAME: _____ TITLE: _____

COMPANY NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PO BOX: _____ CITY: _____ STATE: _____ ZIP: _____

ORIGINAL SIGNATURE: _____ DATE: _____

NOTE: Please complete with mailing address. The completed/approved permit/notification will be mailed to the signatory of this block at the mailing address indicated.

THE US ENVIRONMENTAL PROTECTION AGENCY HAS DELEGATED NESHAP ADMINISTRATIVE AND ENFORCEMENT RESPONSIBILITY TO LOCAL ENVIRONMENTAL AGENCIES IN THE FOLLOWING NORTH CAROLINA COUNTIES: BUNCOMBE, FORSYTH, AND MECKLENBURG. FOR FURTHER INFORMATION REGARDING LOCAL REQUIREMENTS, PLEASE CONTACT:

Buncombe County WNC Regional Air Pollution Control Agency 125 Lexington Ave., Suite 101 Asheville, NC 28801 828/250-6777	Forsyth County Environmental Affairs Department 537 North Spruce Street Winston-Salem, NC 27101 336/703-2440	Mecklenburg County Land Use and Environmental Services Agency—Air Quality 2145 Suttle Avenue Charlotte, NC 28208 704/336-5430
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PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM WITH APPLICABLE PERMIT FEES TO THE FOLLOWING ADDRESS:

FOR US MAIL DELIVERY: HEALTH HAZARDS CONTROL UNIT NCDHHS-DIVISION OF PUBLIC HEALTH 1912 MAIL SERVICE CENTER RALEIGH, NC 27699-1912 TELEPHONE: 919-707-5950	FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL: 5505 SIX FORKS ROAD, 2nd FLOOR, Room D-1 RALEIGH NC 27609
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INSTRUCTIONS

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION/RENOVATION (FORM DHHS 3768 – Revised 4/16)

PURPOSE: This form serves as an application for an asbestos removal permit (10A NCAC 41C .0600) and as a National Emission Standard for Hazardous Air Pollutants (NESHAP) notification of demolition and/or renovation in the state of North Carolina. An approved permit is required to be displayed on site for all asbestos removals of more than 35 cubic feet, 160 square feet or 260 linear feet of regulated asbestos containing material or asbestos containing material that may become regulated during handling.

PREPARATION: All information pertinent to the removal, renovation and/or demolition must be completed by the building owner/operator or designee and submitted with applicable permit fees to:

FOR US MAIL DELIVERY:	FOR EXPRESS DELIVERY SERVICES OTHER THAN US MAIL:
Health Hazards Control Unit	5505 Six Forks Road, 2nd Floor, Room D-1
NCDHHS-Division of Public Health	Raleigh, NC 27609
1912 Mail Service Center	
Raleigh, NC 27699-1912	

1. **TYPE:** Indicate the type of notification, i.e., Asbestos Removal, Emergency Asbestos Removal, Nonscheduled Asbestos Removal, Demolition, Ordered Demolition

2. **IS ASBESTOS PRESENT:** Indicate whether asbestos is present by checking Yes or No.

3. **FACILITY INFORMATION:** Enter the name of the owner of the facility, the owner's mailing address including box number, street, city, state, zip code, contact person, and telephone number of contact person.

Operator will include those acting as agent for or representatives of the owner of the facility, such as property manager, architect, general contractor, or engineering or consulting firm. Complete the name of the operator and the operator's mailing address including box number, street, city, state, zip code, contact person and the contact person's telephone number.

If regulated asbestos containing materials (RACM) are to be removed, complete the name of the asbestos removal contractor, the contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

Where demolition of the facility immediately follows the removal of RACM, complete the demolition contractor's name, the demolition contractor's mailing address including box number, street, city, state, zip code, contact person and telephone number for contact person.

When no asbestos removal is required prior to demolition, complete the owner, operator, and demolition contractor information as appropriate.

Supervising Air Monitor: Enter the name of the NC accredited supervising air monitor and the supervising air monitor's NC accreditation number if applicable.

Abatement Designer: Required for all individually permitted asbestos removals conducted in public areas consisting of more than 3000 square feet (281 square meters), 1500 linear feet (462 meters), or 656 cubic feet (18 cubic meters) of RACM.

4. **FACILITY DESCRIPTION:** Complete the building name of the facility to be renovated or demolished, the physical address including street number, street name, city, state, and county. Asbestos removal site location should include the building number, floor number and room number(s). Complete building size in square feet, number of floors in building, the age of the building, and its present use, prior use, and future use.

5. **SCHEDULED DATES - NONSCHEDULED ASBESTOS REMOVAL:** A nonscheduled Asbestos Removal is an asbestos removal required at any installation by the routine failure of equipment, which is expected to occur within a calendar year (Jan. 1 - Dec. 31). The amounts of RACM to be removed during this period are expected to exceed 35 cubic feet, 160 square feet, or 260 linear feet. **This notification is required to be submitted at least 10 working days prior to the new calendar year.**

6. **SCHEDULED DATES - ASBESTOS REMOVAL:** Complete the asbestos removal start date and the asbestos removal complete date. Start date means the date on which activities on a permitted asbestos removal requiring the use of accredited workers and supervisors begin, including removal area isolation and preparation or any other activity which may disturb asbestos containing materials. **This notification is required to be submitted at least 10 working days prior to the start date.**

7. **SCHEDULED DATES - DEMOLITION:** Complete the demolition start date and the demolition complete date. See definition of "Start Date" in #6 above. **This notification is required to be submitted at least 10 working days prior to the start date.**

8. **WORK SCHEDULE:** Circle all days when asbestos removal activities are to occur. Enter the working hours that asbestos removal activities will be conducted (i.e., 7:30 AM - 5:00 PM).

9. **INSPECTION INFORMATION:** Enter the North Carolina accredited inspector's name and North Carolina accreditation number. This information is required for demolitions. Enter date(s) the inspection was conducted; indicate yes or no for Samples Collected; if Samples Collected is yes, then indicate the analytical method used to analyze the samples. Materials may be assumed to be RACM in lieu of an inspection for purposes of asbestos removals.
10. **SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION:** Enter a brief description of the asbestos removal and/or demolition (i.e., remove 300 lf of pipe insulation from crawl space. Demolish cafeteria building using heavy equipment).
11. **ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES:** Check all appropriate boxes. Provide a complete explanation of work practices to be followed if "other" is checked. NOTE: Dry removal requires prior written approval from the HHCU. Attach copy of approval letter to completed application.
FOR LIVE FIRE BURNS ONLY: If the building is to be demolished by burning, you must also contact the NC Department of Environment and Natural Resources, Division of Air Quality (DAQ) for information on additional DAQ notification requirements. Please contact your DAQ regional office for more information (phone numbers are listed at <http://daq.state.nc.us/about/regional>) or call 919-733-1477.
12. **ASBESTOS WASTE TRANSPORTER #1:** Complete the name, mailing address, including city, state, zip code, contact person and contact person's telephone number for the waste transporter contracted to transport the waste to an approved landfill.
ASBESTOS WASTE TRANSPORTER #2: Complete the name, mailing address, including city, state, zip code, contact person and the contact person's telephone number for the waste transporter contracted in conjunction with or separately from Waste Transporter #1.
13. **ASBESTOS WASTE DISPOSAL SITE:** Complete the name and location of the waste disposal site where the asbestos containing waste will be disposed including the street, route, or highway of the waste facility, city, state, zip code, contact person at the waste disposal site, and contact person's telephone number.
14. **IF DEMOLITION ORDERED BY GOVERNMENT AGENCY:** Complete the name, title, authority, the date of the order and the date the demolition is ordered to begin. Attach a copy of the order to the completed permit application/notification.
15. **APPLYING FOR AN EMERGENCY RENOVATION PERMIT:** Attach a letter from the owner or operator stating the date and hour the emergency occurred. Describe the sudden, unexpected event resulting in the emergency. Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.
16. **AMOUNT OF ACM NOT TO BE REMOVED:** Enter the amounts of ACM in the affected part of the facility that will not be removed.
17. **RACM MATERIALS TO BE REMOVED AND ASSESSMENT OF FEES:** Complete the corresponding blanks with the amounts of Regulated Asbestos Containing Material(s) (RACM) being removed at the site. When RACM to be removed is greater than 35 cubic feet, 160 square feet and/or 260 linear feet, compute the fees as outlined on the form. Complete totals (A) and (B).
To calculate fees for joint compound used in sheetrock/drywall wallboard systems, use 10% of the total square footage of sheetrock/drywall to be removed (example: 1600 Total SF of wall x .10 = 160 x \$0.10/SF = \$16.00 in fees).
To calculate fees for RACM Category I roofing cut by a rotating blade cutter, divide the total square footage of the roof by 5,580. Multiply this number by 160. The resulting number is then multiplied by \$.10 to get the total permit fee. (example: Roof Area 22,320 square feet / 5,580 = 4 x 160 x \$0.10 = \$64.00 fees).
18. **TOTAL LF/SF/CF TO BE REMOVED:** Enter the total linear feet, total square feet, and total cubic feet from #17. For drywall/joint compound wallboard systems or Category I roofing materials enter the total SF of material to be removed, not the amount used to calculate the fee.
19. **FEES DUE:** (a) Total #17.(A) + Total #17.(B) and enter amount. (b) Enter asbestos removal contract price and multiply by 0.01 (1%) and enter total. Enter total fee due, whichever is greater, (a) or (b). NOTE: The maximum fee due for asbestos removal prior to demolition is \$1,500.00. Residing Homeowners are exempt from permit fees.
20. **CERTIFICATION:** Enter all information requested. **Only notifications completed in permanent media with original signature will be considered.**

NOTE: All owners and operators are responsible for the information on the permit/notification.

Checks should be made payable to: NCDHHS - Health Hazards Control Unit

Upon approval of the Application/Notification, an HHCU Permit Number will be assigned to the removal project and a one-page project Permit will be returned to the applicant. The project Permit/Notification and all revisions must be on-site and available for review throughout the duration of the project.

For Additional Forms and Information

Please contact the Health Hazards Control Unit at 919-707-5950 **OR** go to our website at:

<http://epi.publichealth.nc.gov/asbestos/ahmp.html>



North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
1912 Mail Service Center • Raleigh, North Carolina 27699-1912
Tel 919-733-0820 • Fax 919-733-8493

Michael E Easley, Governor

Carmen Hooker Odom, Secretary

April 6, 2005

MEMORANDUM

TO: All Demolition Contractors in North Carolina

FROM: Mary T. Giguere, CIH, Manager
Health Hazards Control Unit

SUBJECT: **State Requirements for Demolition Notification**

The North Carolina Health Hazards Control Unit (HHCU) is taking this opportunity to inform Demolition Contractors of the requirements for conducting demolition activities in North Carolina.

The HHCU administers the National Emission Standards for Hazardous Air Pollutants (NESHAP) --Asbestos regulation (40 CFR, Part 61, Subpart M). This federal regulation requires that the structure being demolished be thoroughly inspected for asbestos-containing materials, prior to conducting the demolition activity. The asbestos survey must be conducted by a North Carolina accredited asbestos inspector. All regulated and/or friable asbestos-containing material identified during the survey must be properly removed prior to beginning the demolition activity. The HHCU can be contacted for a list of asbestos inspectors and asbestos supervisors who are accredited in North Carolina.

The NESHAP regulation also requires the Asbestos Permit Application and Notification for Demolition/Renovation form (DHHS-3768) to be completed and mailed to the HHCU. The notification form must be postmarked at least, 10 working days, prior to beginning the demolition activity. It is important to note that the HHCU requires this notification form even if no asbestos-containing materials were identified during the asbestos inspection. Federal requirements do not allow individuals to fax this form to our office. Obtaining a demolition permit from a city or county Building Inspection Department does NOT meet the notification requirements of the NESHAP regulations.

Please note that Forsyth, Buncombe and Mecklenburg counties have local programs with NESHAP authority and should be contacted directly for local requirements. Their phone numbers are printed on the back of the asbestos primer pamphlet provided with this memorandum.

Demolition Contractors
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April 6, 2005

The following items are enclosed for review and can be copied for your use:

- (1) Asbestos Primer for Demolition Contractors, reprinted 10/2003.
- (2) Asbestos Permit Application and Notification for Demolition/Renovation form (DHHS-3768), revised 01/2005.

Note: Please dispose of all older versions of the asbestos primers and notification forms.

Should you have any questions about the NESHAP requirements or need additional information concerning these regulations, please feel free to contact our Program at (919) 733-0820.

MG/jwd

Enclosures

cc: Roy Gremmell, Forsyth County Environmental Affairs Department
David Brigman, Buncombe County WNC Regional Air Pollution Control Agency
Randy Poole, Mecklenburg County Land Use and Environmental Services Agency

REVISION FOR PERMIT/NOTIFICATION

Revisions are NOT approved upon receipt. Revision Forms will be reviewed and if additional information, changes or corrections are needed, the contact person will be notified.

PERMIT NUMBER:	NESHAP NUMBER:
FACILITY:	FACILITY ADDRESS:
CONTRACTOR:	CONTACT PHONE:
CONTACT PERSON:	CONTACT FAX NUMBER:

ASBESTOS REMOVAL DATES

ORIGINAL REMOVAL START DATE:	REVISED REMOVAL START DATE:
ORIGINAL REMOVAL COMPLETE DATE:	REVISED REMOVAL COMPLETE DATE:

DEMOLITION DATES

ORIGINAL DEMO START DATE:	REVISED DEMO START DATE:
ORIGINAL DEMO COMPLETE DATE:	REVISED DEMO COMPLETE DATE:

ADDITIONAL AMOUNTS OF MATERIALS/FEES

TYPE OF RACM	AMOUNT X \$ 0.10 = FEE	TYPE OF RACM	AMOUNT X \$ 0.20 = FEE
Flooring/Mastic:	_____ sf x .10 = \$ _____	Pipe Insulation (TSI):	_____ lf x .20 = \$ _____
Ceiling Tile:	_____ sf x .10 = \$ _____	Boiler Insulation (TSI):	_____ sf x .20 = \$ _____
Cementitious- Roofing/Siding/Panels	_____ sf x .10 = \$ _____	Surfacing Material:	_____ sf x .20 = \$ _____
Roofing:	_____ sf x .10 = \$ _____	Other (sf/cf):	_____ sf/cf x .20 = \$ _____
Other: (e.g., drywall/joint compound Wallboard System)	_____ sf/cf x .10 = \$ _____		
TOTAL (A)	_____ x .10 = \$ _____	TOTAL (B)	_____ lf/sf/cf x .20 = \$ _____

(a) TOTAL (A) + (B) = \$ _____	(b) CONTRACT PRICE = \$ _____ x .01 = \$ _____
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TOTAL ADDITIONAL FEE PAID (Whichever is greater, (a) or (b) above): \$ _____

ADDITIONAL COMMENTS OR OTHER REVISIONS:

I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

NAME: _____ TITLE: _____

COMPANY NAME: _____

SIGNATURE: _____ DATE: _____

*** HEALTH HAZARDS CONTROL UNIT USE ***

RECEIVED BY: _____ DATE RECEIVED: _____

POSTMARK DATE: _____ PERMITS DATA ENTRY: _____

FAX TRANSMITTAL INFORMATION

TO: _____ DATE: _____	TO: <u>HHCU</u> DATE: _____
FROM: _____ TIME: _____	FROM: _____ TIME: _____
FAX #: _____ # PAGES: _____	FAX #: <u>919-870-4808</u> PAGES: _____

INSTRUCTIONS REVISION FOR PERMIT/NOTIFICATION (HHCU 3768-R)

- PURPOSE:** This form shall be used for the required reporting of revisions to any active NC Permit for asbestos removal and/or NC demolition notification.
- PREPARATION:** This form shall be completed when any revisions occur for scheduled start and/or complete dates for asbestos removals and/or demolitions; when additional amounts of regulated asbestos-containing materials (RACM) are to be removed; and for other revisions that substantially alter the originally approved permit or notification.
- INSTRUCTIONS:** Enter the assigned NC Permit Number and/or NESHAP ID Number of the approved permit or notification to be revised.
- Complete the facility name and address; contractor's name and address; contact person's name and contact person's telephone number.
- Indicate any revisions in start and/or complete date(s) as indicated—being sure to indicate properly whether it is a removal date revision or a demolition date revision.
- If the amounts of RACM being removed are to be revised, enter the ADDITIONAL amounts in the corresponding blanks and compute the additional fees accordingly.
- Type in or print legibly the certifying individual's name, title, and company name. The certifying individual must sign and date the form as indicated.
- FAX TRANSMITTAL INFORMATION:** The HHCU accepts telefaxed revisions. Fax revisions to 919-870-4808. Telefaxed revisions received by the HHCU are initialed, dated, and faxed back to the individual who signed the Revision Form. It is the contact person's responsibility to assure the faxed revision is received, signed, and faxed back to confirm receipt. Revisions are NOT approved upon receipt. Upon review of the Revision Form, if additional information, changes or corrections are needed, the contact person will be notified.
- GUIDELINES:** If a removal and/or demolition is to begin earlier than the original start date, the Revision shall be received by the HHCU at least 10 working days before the new start date.
- Removals and/or demolitions may be placed in "on hold" status; however, the work must be conducted within 12 months from the original start date. If not, the original permit or notification is automatically canceled. The owner or his representative must submit a revision giving the new start and complete dates prior to resuming work on the project.
- For revisions with additional amounts of RACM to be removed, the revision should include the Abatement Designer and Supervising Air Monitor if the total RACM to be removed exceeds 3,000 SF, 1,500 LF, or 656 CF in a public area. An additional contract price should be included when additional amounts are added, unless removal is being conducted by in-house personnel.
- To calculate fees for joint compound used in sheetrock/drywall wallboard systems, use 10% of the total square footage of sheetrock/drywall to be removed (example: 1600 Total SF of wall x .10 = 160 x \$0.10/SF = \$16.00 in fees).
- To calculate fees for RACM Category I roofing cut by a rotating blade cutter, divide the total square footage of the roof by 5,580. Multiply this number by 160. The resulting number is then multiplied by \$.10 to get the total permit fee. (example: Roof Area 22,320 square feet / 5,580 = 4 x 160 x \$0.10 = \$64.00 fees).