

# Southwest Clean Air Agency

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www.swcleanair.org

## NOTIFICATION OF DEMOLITION

Notification #	Notification Fee: \$50.00  ( fee is to be submitted to SWCAA with this form )	Date Received
1. TYPE OF NOTIFICATION (O-Original R-Revised C-Cancelled):		SWCAA Reviewed : _____
2. FACILITY INFORMATION (Identify owner, contractor(s), and other operator)		
Owner Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact:		Phone: - -
DEMOLITION CONTRACTOR or FIRE DEPARTMENT:		
Name:	Address:	
City:	State:	Zip Code:
Contact:		Phone: - -
ASBESTOS REMOVAL CONTRACTOR IF APPLICABLE:		
Name:	Address:	
City:	State:	Zip Code:
Contact:		Phone: - -
3. TYPE OF OPERATION (P-Partial Demolition of Structure D-Complete Demolition O-Ordered Demolition E-Emergency Demolition F-Fire Training):		
4. FACILITY DESCRIPTION (Includes building name, number and floor or room number)		
Building Name:		
Address:		
City:	State:	County:
Site Location:		
Building size (SqFt):	# of floors:	Age in years:
Present use:		Prior use:
5. NAME AND AHERA CERTIFICATION NUMBER OF ASBESTOS INSPECTOR:		
6. ATTACH A COPY OF THE ASBESTOS INSPECTION REPORT Report must include laboratory name, analyst, sample type, location sample was taken and analytical method used to detect the presence of asbestos materials.		
7. DATES ASBESTOS REMOVAL OCCURRED (mm/dd/yy) Start: Complete: Removal Notification Case Number:		
8. DATES DEMOLITION WILL OCCUR (mm/dd/yy) Start: Complete: <b>(10 working day waiting period from date submitted)</b>		
9. DESCRIPTION OF PLANNED DEMOLITION WORK, METHOD(S) TO BE USED:		
10. FUGITIVE EMISSIONS/ DUST FROM DEMOLITION ACTIVITES <b>MUST</b> BE CONTROLLED/PREVENTED DURING ALL PHASES OF THE PROJECT.		
11. IF UNEXPECTED ASBESTOS CONTAINING MATERIAL (ACM) IS FOUND DURING DEMOLITION, STOP WORK, NOTIFY SWCAA AND CONSULT/HIRE AN ASBESTOS CERTIFIED ABATMENT CONTRACTOR.		

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12. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (mm/dd/yy):	Date Ordered to Begin ( mm/dd/yy ):	
13. FOR EMERGENCY DEMOLITIONS:		
Date and Hour of Emergency (mm/dd/yy) (hh/mm):		
Description of the Sudden, Unexpected Event:		
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE BURDEN:		
14. I CERTIFY THAT AN INDIVIDUAL TRAINED IN 40 CFR PART 61, SUBPART M, WILL BE ON-SITE DURING ANY DEMOLITION IF ACM IS PRESENT AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.		
_____	_____	_____
(Type or Print Name)	(Signature of Owner/Operator)	(Date)
15. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____	_____	_____
(Type or Print Name)	(Signature of Owner/Operator)	(Date)

HAVE YOU PERFORMED A HAZARDOUS MATERIALS ASSESSMENT ON THE STRUCTURE?  YES  NO

The Washington State Dangerous Waste Regulations (WAC 173-303) require that demolition debris be evaluated to determine if it is dangerous. The evaluation should be completed before demolition to ensure that hazardous constituents are not released to the environment and do not present a risk to human health during or after demolition. These requirements apply to all buildings being demolished and are the responsibility of the property owner. The Washington Department of Ecology's website, <http://www.ecy.wa.gov/programs/hwtr/demodebris/index.html>, provides more information about the requirements and about sampling and testing construction materials to determine if they present a risk. For more information please contact Rob Rieck at the Washington Department of Ecology: 360-407-6751 or [rori461@ecy.wa.gov](mailto:rori461@ecy.wa.gov).