

Southwest Clean Air Agency

11815 NE 99th Street, Suite 1294 Vancouver, WA 98682-2322 Voice: (360) 574-3058 Fax: (360) 576-0925

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):		
2. FACILITY INFORMATION (Identify owner, contractor(s), and other operator)		
Owner Name:		
Mailing Address:		
City:	State:	Zipcode:
Contact:		Phone: - - -
DEMOLITION CONTRACTOR or FIRE DEPARTMENT:		
Name:	Address:	
City:	State:	Zipcode:
Contact:		Phone: - - -
ASBESTOS REMOVAL CONTRACTOR IF APPLICABLE:		
Name:	Address:	
City:	State:	Zipcode:
Contact:		Phone: - - -
3. TYPE OF OPERATION (D-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. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:		
7. DATES ASBESTOS REMOVAL OCCURRED (mm/dd/yy) Start: Complete: Removal Notification Case Number:		
8. DATES DEMO/RENOVATION WILL OCCUR (mm/dd/yy) Start: Complete: (10 working day waiting period from date submitted)		
9. DESCRIPTION OF PLANNED DEMOLITION WORK, METHOD(S) TO BE USED:		
10. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION SITE:		
11. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS CONTAINING MATERIAL (ACM) IS FOUND.		

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12. WASTE TRANSPORTER #1 IF APPLICABLE:		
Name:		
Address:		
City:	State:	Zipcode:
Contact Person:		Phone: - -
13. WASTE TRANSPORTER #2 IF APPLICABLE:		
Name:		
Address:		
City:	State:	Zipcode:
Contact Person:		Phone: - -
14. WASTE DISPOSAL SITE IF APPLICABLE:		
Name:		
Location:		
City:	State:	Zipcode:
Phone: - -		
15. 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):	
16. 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:		
<p>17. 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.</p>		
_____	_____	_____
(Type or Print Name)	(Signature of Owner/Operator)	(Date)
18. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____	_____	_____
	(Signature of Owner/Operator)	(Date)