



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
[www.pocopson.org](http://www.pocopson.org)

# POCOPSON TOWNSHIP DEMOLITION PERMIT APPLICATION PACKET IMPORTANT – PLEASE READ!

---

The Permit Application Process will take approximately 15 working days. If any work commences before a permit is issued and paid for, the permit fees will be doubled. A non-refundable administrative fee of \$25.00 must be included when a demolition permit application is submitted. The demolition permit application must be signed by the landowner/applicant. If the applicant is NOT the landowner, a written statement indicating that the applicant will act as agent/representative is required.

Inspections are mandatory for all projects. Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the Building Inspector or appropriate Township Official. It is the duty of the permit holder to notify the Building Inspector or appropriate Township Official that such work is ready for inspection. If inspections are ignored, the permit will be revoked.

All electrical inspections are performed by United Inspection Agency. Contact Len Warren at 610-399-5094 or fax to 610-399-5126 to schedule an electrical inspection.

**PERMIT MUST BE VISIBLE FROM THE STREET  
UNTIL COMPLETION OF DEMOLITION**



P.O. Box 1, Pocopson, PA 19366  
664 S Wawaset Road, West Chester, PA 19382  
Office: 610.793.2151 Fax: 610.793.1944  
[www.pocopson.org](http://www.pocopson.org)

**APPLICATION FOR  
PLAN EXAMINATION  
BUILDING AND ZONING  
PERMIT**

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and VIII**

**I.  
LOCATION  
OF  
BUILDING**

AT (LOCATION) _____ (NO.) _____ (STREET) _____	ZONING DISTRICT _____
BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____	
TAX PARCEL NO. _____ LOT _____	LOT SIZE _____

**II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D**

**A. TYPE OF IMPROVEMENT**

- 1 ☐ New building
- 2 ☐ Addition (if residential, enter number of new housing units added, if any, in Part D, 13)
- 3 ☐ Alteration (See 2 above)
- 4 ☐ Repair, replacement
- 5 ☐ Wrecking (If multifamily residential, enter number of units in building in Part D, 13)
- 6 ☐ Foundation only
- 7 ☐ Roofing (strip or overlay)
- 8 ☐ Siding (type \_\_\_\_\_)

**D. PROPOSED USE - For "Wrecking" most recent use**

- |   |  |
|---|--|
| <b>Residential</b>  | <b>Nonresidential</b>                                      |
| 12 <input type="checkbox"/> One family  | 18 <input type="checkbox"/> Amusement, recreational        |
| 13 <input type="checkbox"/> Two or more family - Enter number of units -----> _____                   | 19 <input type="checkbox"/> Church, other religious        |
| 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units -----> _____ | 20 <input type="checkbox"/> Industrial                     |
| 15 <input type="checkbox"/> Garage - Carport - Shed (size)  | 21 <input type="checkbox"/> Parking garage                 |
| 16 <input type="checkbox"/> Fence (size and type)   | 22 <input type="checkbox"/> Service station, repair garage |
| 17 <input type="checkbox"/> Other - Specify _____   | 23 <input type="checkbox"/> Hospital, institutional        |
|   | 24 <input type="checkbox"/> Office, bank, professional     |
|   | 25 <input type="checkbox"/> Public Buildings               |
|   | 26 <input type="checkbox"/> Signs                          |
|   | 27 <input type="checkbox"/> Stores, mercantile             |
|   | 28 <input type="checkbox"/> Tanks, towers                  |
|   | 29 <input type="checkbox"/> Other - Specify _____          |

**B. OWNERSHIP**

- 9 Private (individual, corporation, nonprofit institution, etc.)
- 10 Public (Federal, State or local government)

**C. COST**

- 10. Cost of improvement ..... \$
- To be installed but not included in the above cost
- a. Electrical ..... \$
- b. Plumbing ..... \$
- c. Mechanical ..... \$
- d. Other (elevator, etc.) ..... \$
- 11. TOTAL COST OF IMPROVEMENT \$

(Omit cents)

**C-2 FEE CHARGED & PAID**

Building \_\_\_\_\_  
Occupancy \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Mechanical \_\_\_\_\_  
Electrical \_\_\_\_\_  
Zoning \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_  
Receipt No. \_\_\_\_\_

Nonresidential-Describe in detail proposed use of buildings, e.g., garage, office building industrial plant. If use of existing building is being changed, enter proposed use.

**ALL IMPROVEMENTS MUST CONFORM TO BOCA BUILDING, PLUMBING, AND MECHANICAL CODE AND NATIONAL ELECTRIC CODE. ACT 222 ENERGY CONSERVATION REQUIREMENTS MUST BE MET.**

**III. A PRINCIPAL TYPE OF FRAME**

- 30 ☐ Masonry (wall bearing)
- 31 ☐ Wood frame
- 32 ☐ Structural steel
- 33 ☐ Reinforced concrete
- 34 ☐ Other - Specify \_\_\_\_\_

**B TYPE OF SEWAGE DISPOSAL**

- 40 ☐ Public or private company
- 41 ☐ Private (septic tank, etc.)

**D DIMENSIONS**

- 48. Number of stories .....
- 49. Total square foot of Improvement
- 50. Total square feet of floor area, all floors, based on exterior dimensions .....
- 51. Total land/lot area, sq. ft. ....

**C TYPE OF WATER SUPPLY**

- 42 ☐ Public or private company
- 43 ☐ Private (well, cistern)

**E NUMBER OF OFF-STREET PARKING SPACES**

- 52. Enclosed .....
- 53. Outdoors .....

PERMIT NO. \_\_\_\_\_

STREET \_\_\_\_\_

T.M.P. NO. \_\_\_\_\_

**IV. IDENTIFICATION** — *To be completed by all applicants*

Name		Mailing address — Number, street, city and State	ZIP Code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				
Management Approval (where required)				
Signature of Contractor		Address	Application Date	
Signature of Owner		Address	Date	

Email of Property Owner: \_\_\_\_\_

Email of Contractor: \_\_\_\_\_

Email of Architect or Engineer: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE****V. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BROILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

**VI. VALIDATION**

Building and Zoning Permit Number _____		<b>FOR DEPARTMENT USE ONLY</b>	
Building and Zoning Permit issued _____ 19 _____		Construction Type _____	
Building and Zoning Permit Fees \$ _____		Use Group _____	
Certificate of Occupancy \$ _____		Fire Separation _____	
Plan Review Fee \$ _____		Live Loading _____	
Building Approved by: _____		Occupancy Load _____	
_____		TITLE	



P.O. Box 1, Pocopson PA 19366  
Office: 610.793.2151 Fax: 610.793.1944  
[www.pocopson.org](http://www.pocopson.org)

Agent's Affidavit

Date \_\_\_\_\_

Property Owner 1 (Please Print) \_\_\_\_\_

Property Owner 2 (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Project Address (if different) \_\_\_\_\_

Chester County Tax Map Parcel Number (of Project Address) \_\_\_\_\_

Property Owner 1 (Signature) \_\_\_\_\_

Property Owner 2 (Signature) \_\_\_\_\_

Contractor/Design Professional \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Pocopson Twp/Commonwealth of PA Home Improvement Contractor Registration Number \_\_\_\_\_

Contractor/Design Professional Signature \_\_\_\_\_

This document shall verify that, the above referenced individual(s) is/are the owner(s) of the property indicated within the Project Address and have identified the referenced Contractor/Design Professional to serve as their duly authorized Agent for the submission of the attached Zoning/Building Permit or other application(s) to Pocopson Township.

It is understood that, by signing this document all parties understand that all statements are true and correct and false statements made within this Affidavit may subject individuals to penalties under the laws of the Commonwealth of Pennsylvania.



## 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 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 Pennsylvania 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-working day notification of the project is required to be made to DEP. The EPA and DEP do not regulate the removal of ACM from single family residences or apartments with four or less units unless they are part of an installation.

The Pennsylvania Department of Labor and Industry (L&I) enforces the Pennsylvania Asbestos Occupations Accreditation and Certification Act of 1990 (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 of more than 3 square or linear feet on indoor projects at regulated facilities (including the EPA/DEP exempt private residence when the friable asbestos is removed by someone other than the homeowner). Notifications required by L&I should be submitted to DEP. Contact L&I at [CALBOIS@pa.gov](mailto:CALBOIS@pa.gov) or 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, industrial, or residential structure, installation, or building. 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 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. Contact L&I at [CALBOIS@pa.gov](mailto:CALBOIS@pa.gov) or 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 RACM 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, electronically submitted, or hand delivered to DEP at least **10 WORKING DAYS** prior to the start of the project.

**All demolitions of regulated facilities, as defined above, also require a 10-working day notification to DEP, 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?

DEP is transitioning away from paper to online asbestos abatement and demolition/renovation notifications. DEP held a webinar on Wednesday, March 14, 2018 to introduce and explain the new online system. A recording of the webinar can be accessed from the following hyperlink: Training Webinar ([MP4](#)) ([WMV](#)).

The **Online Asbestos Notification System** ([PA.GOV | Department of Environmental Protection](#)) is one of many applications on the DEP's [GreenPort](#) website. You will need to create a GreenPort account to access the system if you don't already have one. Regardless of how many DEP systems you want to access, only one GreenPort account is necessary. Once you create an account, you can self-register for the Online Asbestos Notification System by clicking on the "Enroll" button for ePermitting in the Application Enrollment menu, and then choosing "Asbestos" for the Program Area. Those having problems creating a GreenPort account should call the [DEP Service Desk](#) at 717-787-4357. A user guide can be found at the following hyperlink: [Online Asbestos Notification System User's Guide](#) (PDF).

While we strongly encourage the use of the Online Asbestos Notification System, links to the paper notification and its instructions are found at [DEP eLibrary \(pa.gov\)](#). Please mail paper notifications to the appropriate DEP regional office found in the instructions. Please contact the appropriate DEP regional office if you have questions or need additional information.

Note: The online or paper notification system is not for asbestos abatement and demolition/renovation projects in Philadelphia or Allegheny Counties. They each have their own online system.

**FEES:** If you are submitting an initial asbestos abatement or regulated demolition or renovation project that is subject to 40 CFR Part 61, Subpart M (relating to National Emission Standards for Hazardous Air Pollutants), or the Asbestos Occupations Accreditation and Certification Act (1990 Act 194 or Act 161), you must include a \$300 payment. The online notification system mentioned above accepts all major credit card or bank routing information. Paper notifications must include a \$300 check payable to "Commonwealth of Pennsylvania Clean Air Fund". Initial notifications will not be considered complete unless accompanied by the fee. No fee is due for a notification revision nor for fire training applications. This fee is not applicable for projects located within Allegheny or Philadelphia Counties.

## WHERE IS THERE MORE INFORMATION?

To obtain copies of the NESHAP regulations, the notification form or other information, please contact:

**Southeast Regional Office** – 484-250-5920 (Bucks, Chester, Delaware, and Montgomery counties)

**Northeast Regional Office** – 570-826-5547 (Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, and Wyoming counties)

**Southcentral Regional Office** – 717-705-4702 (Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York counties)

**Northcentral Regional Office** – 570-321-6580 (Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union counties)

**Southwest Regional Office** – 412-442-4107 (Beaver, Greene, and Washington counties)

**Southwest Regional Office** – 724-925-5428 (Cambria, Fayette, Somerset, and Westmoreland counties)

**Northwest Regional Office** – 814-332-6634 (Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, 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 412-578-8120.

For more information, visit [www.dep.pa.gov](http://www.dep.pa.gov).



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF AIR QUALITY

## 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**. This form can be used to satisfy the notification requirements of the following agencies (see agency addresses below):

- PA Department of Environmental Protection (DEP)
- PA Department of Labor and Industry (L&I)
- Allegheny County Health Department
- City of Philadelphia Department of Public Health

### **Special Notations:**

- All REVISIONS to a previous notification should be highlighted.
- Item #5 - Check the box that best describes the entire project.
- Item #6 - 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.
- Items #26 and #27 - **Notifications must contain original signatures or they will be returned to the sender, unprocessed.** If a notification is returned for original signature, the ten (10) day reporting period will begin with the postmark date of the resubmitted notification with original signature.
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach.

**Fees:** If you are submitting an initial asbestos abatement or regulated demolition or renovation project that is subject to 40 CFR Part 61, Subpart M (relating to National Emission Standards for Hazardous Air Pollutants), or the Asbestos Occupations Accreditation and Certification Act (Act 1990 -194) (63 P.S. §§ 2101—2112) you must include a payment for **\$300** payable to "**The Commonwealth of Pennsylvania Clean Air Fund**". Initial notifications will not be considered complete unless accompanied by the fee. The fee must be submitted along with the notification form to the **appropriate DEP regional office** and it applies for all projects (NESHAP and Act 194). **No fee is due for a notification revision.**

The fee is not applicable for projects located within Allegheny or Philadelphia Counties.

You are not required to pay the fee for fire set for the purpose of instructing personnel in firefighting in accordance with 25 Pa. Code § 129.14(c)(2).

**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 to Harrisburg.

Allegheny County Health Department  
Air Quality Program  
Building 7  
301 39th Street  
Pittsburgh, PA 15201-1891  
Attn: Asbestos Abatement Permitting

City of Philadelphia  
Department of Public Health  
Air Management Services  
Asbestos Control Unit  
321 University Avenue  
Philadelphia, PA 19104-4597

**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 #26 should be signed by the Contractor. Item #27 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.

**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 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 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 facility address is in Beaver, Cambria, Fayette, Greene, Somerset, Washington, or Westmoreland Counties, send your notification information to:

PA DEP Southwest Region  
Asbestos Notification  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
Telephone: 412-442-4107 for Beaver, Greene, and Washington Counties  
Telephone: 724-925-5428 for Cambria, Fayette, Somerset, and Westmoreland Counties

If the 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 facility address is in Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, or Union Counties, send your notification information to:

PA DEP Northcentral Region  
Asbestos Notification  
208 West Third Street, Suite 101  
Williamsport, PA 17701-6448  
Telephone: 570-321-6580

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

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

**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 L&I.**



## 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  
Telephone: 215-685-7576

### Allegheny County

Allegheny County Health Department  
Air Quality Program  
Building 7  
301 39th Street  
Pittsburgh, PA 15201-1891  
Telephone: 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  
Telephone: 717-772-3396



## ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

### For Official Use Only

Date Received 1

Date Received 2

Postmark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

Permit #: \_\_\_\_\_

Other #: \_\_\_\_\_

Inspector: \_\_\_\_\_

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.

<p>1. TYPE OF NOTIFICATION (check one):</p> <p><input type="checkbox"/> Revision (highlight here, and changes)</p> <p><input type="checkbox"/> Postponement</p> <p>Date of Initial Notification or, if previously revised, date of last revision: _____</p>	<p><input type="checkbox"/> Initial <input type="checkbox"/> Annual Notification</p> <p><input type="checkbox"/> Phase of Annual Notification</p> <p><input type="checkbox"/> Cancellation</p>
<p>2. PROJECT LOCATION (check one):</p> <p><input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____</p> <p><input type="checkbox"/> Municipality (specify): _____</p>	
<p>3. FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:</p> <p>A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)</p> <p>B. For City of Philadelphia projects requiring a permit:</p> <p>Asbestos project inspector: _____ Certification #: _____</p> <p>Company name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: _____</p>	
<p>4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(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).)</p>	
<p>5. TYPE OF OPERATION (check all that apply):</p> <p><input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition</p> <p><input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation</p>	
<p>6. FACILITY DESCRIPTION: Job No.: _____ (see instructions)</p> <p>Facility Name: _____</p> <p>Street/Rural Address: _____</p> <p>City: _____ State: PA Zip Code: _____</p> <p>Present use: _____ Prior use: _____</p> <p>Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Facility size in square feet: _____ # of floors: _____ Age in years: _____</p>	
<p>7. ABATEMENT CONTRACTOR:</p> <p>Company name: _____</p> <p>Email address: _____</p> <p>Allegheny County or City of Philadelphia License # (if applicable): _____</p> <p>Street/Rural/POB Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact: _____ Telephone No. (between 8:00 &amp; 4:30): _____</p>	

8.	<b>DEMOLITION CONTRACTOR:</b> Company name: _____ Email address: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____					
9.	<b>FACILITY OWNER:</b> Owner name: _____ Email address: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____					
10.	<b>FACILITY INSPECTION (required for renovation and demolition projects):</b> Building inspector: _____ Certification #: _____ Date of inspection: _____ Is any material assumed to be asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____					
<input type="checkbox"/> Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. <b>(Philadelphia only)</b>						
11.	<b>IS ANY TYPE OF ASBESTOS PRESENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list in #12.					
12.	<b>TYPE OF ACM, DESCRIPTION &amp; LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.</b>  <b>PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.</b>					
Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
<b>Code *</b> <u>Type of ACM</u> FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable)	<b>Code **</b> <u>Units</u> LF - Linear ft. SF - Square ft. CF - Cubic ft.	<b>Code ***</b> <u>Type of abatement</u> REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	<b>Code ****</b> <u>Final Clearance</u> PCM - Phase contrast microscopy TEM - Transmission electron microscopy			



13.	Is this project regulated by NESHAP? Is this project subject to Act 194?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	
14.	OPERATION SCHEDULE(S) (as applicable):			
A.	Asbestos abatement:	Start Date: _____		Completion Date: _____
	Daily hours of operation:	_____ <input type="checkbox"/> am <input type="checkbox"/> pm		to _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Days of week (check):	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		
B.	Demolition:	Start Date: _____		Completion Date: _____
	Daily hours of operation:	_____ <input type="checkbox"/> am <input type="checkbox"/> pm		to _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Days of week (check):	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		
C.	Renovation:	Start Date: _____		Completion Date: _____
	Daily hours of operation:	_____ <input type="checkbox"/> am <input type="checkbox"/> pm		to _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Days of week (check):	<input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su		
	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.	<b>WASTE DISPOSAL SITE(S) (any asbestos containing material):</b> <div style="margin-top: 5px;"> A. Landfill name: _____ DEP permit #: _____  Street/Rural Address: _____  City: _____ State: _____ Zip: _____  Contact: _____ Telephone: _____ </div> <div style="margin-top: 10px;"> B. Landfill name: _____ DEP permit #: _____  Street/Rural Address: _____  City: _____ State: _____ Zip: _____  Contact: _____ Telephone: _____ </div>
19.	<b>AIR MONITORING FIRM(S):</b> <div style="margin-top: 5px;"> A. Company name/individual: _____  Street/Rural Address: _____  City: _____ State: _____ Zip: _____  Contact: _____ Telephone: _____ </div> <div style="margin-top: 10px;"> B. Final clearance firm: (if different than 19A) _____  Street/Rural Address: _____  City: _____ State: _____ Zip: _____  Contact: _____ Telephone: _____    Final clearance firm was hired by <b>(check one)</b>:    <input type="checkbox"/> Contractor    <input type="checkbox"/> Owner  <input type="checkbox"/> Other: Explain: _____ </div>
20.	<b>AIR SAMPLE FIRM(S) (City of Philadelphia projects only):</b> <div style="margin-top: 5px;"> A. PCM company name/individual: _____ Certification #: _____  Street/Rural Address: _____  City: _____ State: _____ Zip: _____  Contact: _____ Telephone: _____ </div> <div style="margin-top: 10px;"> B. TEM company name: _____ Certification #: _____  Street/Rural Address: _____  City: _____ State: _____ Zip: _____  Contact: _____ Telephone: _____ </div>
21.	<b>FOR EMERGENCY RENOVATIONS:</b> Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ <input type="checkbox"/> am <input type="checkbox"/> 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 ten (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 #: \_\_\_\_\_

## 25. Fees (Applicable to projects subject to both NESHAP and Act 194 (Asbestos Occupations Accreditation and Certification Act))

If you are submitting an Initial notification for an asbestos abatement or regulated demolition or renovation project that is subject to 40 CFR Part 61, Subpart M (relating to National Emission Standards for Hazardous Air Pollutants), or the Asbestos Occupations Accreditation and Certification Act (Act 1990 -194) (63 P.S. §§ 2101—2112), you must include a payment for **\$300** payable to **"The Commonwealth of Pennsylvania Clean Air Fund"** and submitted to the respective regional office.

Initial notifications will not be considered complete unless accompanied by the fee.

Please provide check # \_\_\_\_\_

## \* \* \* \* \* SIGN BOTH STATEMENTS \* \* \* \* \*

## 26. 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: \_\_\_\_\_

## 27. 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 TITLE 18 PA. C.S.A. SECTION 4904 AND 35 P.S. SECTION 4009(b)(2).

\_\_\_\_\_ (Original Signature of Owner/Operator) \_\_\_\_\_ (Date)

Printed Name of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_