



**Maricopa County Air Quality Department**  
 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012  
 Phone: 602-506-6010 Fax: 602-372-0587  
 Asbestos@maricopa.gov



**NESHAP NOTIFICATION FORM FOR DEMOLITION AND RENOVATION**

Applications can be mailed or submitted in person at Maricopa County Air Quality Department, 3800 N. Central Ave., Suite 1400, Phoenix, AZ 85012 or One Stop Shop, 501 N. 44th Street, Ste. 200, Phoenix, AZ 85008. Please note that email will be our primary means for routine communication with you, unless you do not have an email account. Please be sure that your email address is entered correctly.

**THIS AREA FOR NESHAP REGULATORY AGENCY USE ONLY**

U.S. Postmark Date: _____	Comm Del Serv Date: _____	Other Del Service Date: _____	Dust Permit # _____	Zone: _____
Notification Number: <b>ASB</b> _____		Fee Paid: _____	Payment Method: _____	Check Number: _____

**1. NOTIFICATION TYPE:**  Original  Revision Number \_\_\_\_\_  Cancel

**2. TYPE OF OPERATION:**  Renovation  Emergency Renovation  Demolition  Ordered Demolition  O&M

Note: When both Renovation and Demolition are noted on one application, check both boxes above and complete both sections 4 and 5 (below).

**3. FACILITY OWNER INFORMATION**

Name of Company/Individual: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner/Rep Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Note: If only Renovation is to be conducted, then complete only section 4; if only Demolition is to be conducted, then complete only section 5.

**4. ASBESTOS REMOVAL CONTRACTOR/OPERATOR**

Name of Company/Individual: \_\_\_\_\_ ROC # \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. DEMOLITION CONTRACTOR/OPERATOR**

Name of Company/Individual: \_\_\_\_\_ ROC # \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**6. DATE OF INSPECTION OF FACILITY OR AFFECTED PART BY AHERA CERTIFIED BUILDING INSPECTOR:**

**7. FACILITY DESCRIPTION:**

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Parcel Number: \_\_\_\_\_ Township/Range/Section T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_  
 Nearest Major Intersection: \_\_\_\_\_  
 Building Size (Floor Area Sq Ft): \_\_\_\_\_ Number of Floors Affected: \_\_\_\_\_ Age of Facility (Years): \_\_\_\_\_  
 Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_

**8. PROCEDURE, INCLUDING ANALYTICAL METHODS, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM**

Polarized Light Microscopy (PLM)  Other: \_\_\_\_\_  
 NVLAP Laboratory Name: \_\_\_\_\_ Number of Samples: \_\_\_\_\_ Date Analyzed: \_\_\_\_\_

<b>9. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:</b>	Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM			
		To Be Removed		Not To Be Removed	
		CAT I	CAT II	CAT I	CAT II
<b>ON FACILITY COMPONENTS:</b> Pipes (Linear Feet)					
<b>ON FACILITY COMPONENTS:</b> Surface Area (Square Ft.)					
<b>ON FACILITY COMPONENTS:</b> Volume (Cubic Feet)					

RACM = Regulated Asbestos-Containing Material as Defined in 40 CFR 61, Subpart M, § 61.141

\* NOTE: Update notice when amount changes ≥ 20%

**10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK**  TOTAL DEMO  PARTIAL DEMO

TSI  Ceiling Texture  Duct/Seam Tape  Asbestos-Containing Roof Material  
 A/C Pipe  A/C Siding/Shingles  VAT/Mastic  > 5580 sq ft w/ rotating blade cut  
 Other (Please Specify): \_\_\_\_\_

REMOVAL METHODS:  Hand/Non-Mechanical Tools  Mechanical/Power Tools  Mastic Solvents



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**11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS**

- Adequately Wet     Full Containment     Critical Barriers/Negative Air     Glove-Bag     Leak-Tight Wrap  
 6-Mil Bags     Other (Please Specify): \_\_\_\_\_

**12. SCHEDULED DATES FOR ASBESTOS REMOVAL** Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Days Worked (Check All That Apply):  M  T  W  Th  F  Sa  Su  
 Day Shift Hours Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Evening Shift Hours Start: \_\_\_\_\_ Stop: \_\_\_\_\_

**13. SCHEDULED DATES FOR DEMOLITION** Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Days Worked (Check All That Apply):  M  T  W  Th  F  Sa  Su  
 Day Shift Hours Start: \_\_\_\_\_ Stop: \_\_\_\_\_ Eve Shift Hours Start: \_\_\_\_\_ Stop: \_\_\_\_\_

**14. ASBESTOS WASTE TRANSPORTER #1**  
 Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**15. ASBESTOS WASTE TRANSPORTER #2**  
 Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**16. ASBESTOS WASTE DISPOSAL SITE**  
 Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**17. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(a)(3)), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER**  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 State or Local Gov't Agency: \_\_\_\_\_ Authority: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Demolition Order to Begin: \_\_\_\_\_

**18. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))** When did the emergency occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Description of Sudden, Unexpected Event: \_\_\_\_\_  
 Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: \_\_\_\_\_

**19. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMPLED, PULVERIZED, OR REDUCED TO POWDER:**  
 Stop Work     Notify Owner     Revise Notification     Follow 40 CFR 61, §61.145(c) Procedures

**20. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM AND THAT THE TRAINING CERTIFICATE WILL BE POSTED ON-SITE.**  
 \_\_\_\_\_ (Print Name of Owner/Operator)    \_\_\_\_\_ (Title)    \_\_\_\_\_ (Signature of Owner/Operator)    \_\_\_\_\_ (Date)

**21. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR**  
 \_\_\_\_\_ (Print Name of Inspector)    \_\_\_\_\_ (Training Provider)    \_\_\_\_\_ (AHERA Certificate Number)    \_\_\_\_\_ (Expiration Date)

**22. I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT:**  
 \_\_\_\_\_ (Print Name of Owner/Operator)    \_\_\_\_\_ (Title)    \_\_\_\_\_ (Signature of Owner/Operator)    \_\_\_\_\_ (Date)

Fee required for RACM removal at or above: 260 Linear Feet, 160 Square Feet, or 35 Cubic Feet. Demolition fee required for all NESHAP facilities. See [Fee Schedule](#) under Rule 280, Section 312 and 313.2. One single family residence is exempt, two or more are regulated. References: Title 40, Code of Federal Register, Part 61, Subpart M, Asbestos NESHAP §61.145(b). Arizona Revised Statutes, Title 49, §§49-421 & 471 et. Seq., and Arizona Administrative Code, Title 18, Chapter 2, Air Pollution Control, Article II, §R18-2-1101. Maricopa County Air Pollution Control Regulations, Rule 370, §301.8

Maricopa County Air Quality NESHAP Coordinator: 602-506-670, [Asbestos Resource Page](#)

Send a Copy of Notification to: AZ Division of Occupational Safety & Health, 800 W. Washington St. Phoenix, AZ 85007 (602) 542-5795