



5. ASBESTOS PRESENT: \_\_\_\_\_ Yes \_\_\_\_\_ No

6. PROCEDURE: (Including Analytical Method and Laboratory Used), Used to Detect the Presence or Absence of Asbestos Material. For Demolition, a copy of the asbestos survey must accompany this notification.

**7. REGULATED ACM TO BE REMOVED:**

Pipe	In.ft.	Surface	sq.ft.
Not on facility component	cu.ft.	Boiler	sq.ft.

**NON-FRIABLE ASBESTOS PRESENT**

Category I Asbestos	Amount Present	Remove Y/N	Category II Asbestos	Amount Present	Remove Y/N
Flooring			Transite		
Asphalt roofing			Coating/sealants		
Packing/gaskets					

8. Scheduled Dates:	Start	Complete
Asbestos Removal		
Renovation		
Demolition and Disposal		

9. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED, INCLUDING DEMOLITION/RENOVATION TECHNIQUES AND DESCRIPTION OF FACILITY COMPONENTS BEING RENOVATED OR DEMOLISHED. USE ADDITIONAL PAGES IF NEEDED.

10. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION/RENOVATION SITE. THIS INCLUDES ASBESTOS REMOVAL, WASTE HANDLING EMISSION CONTROL MEASURES, AND GENERAL DUST CONTROL. USE ADDITIONAL PAGES IF NEEDED.

**11. WASTE TRANSPORTER #1:**

Name:

Address:

City:

State:

Zip:

Contact:

Tel:

**12 . WASTE DISPOSAL SITE #1:**

Name:

Address:

City:

State:

Zip:

Contact:

Tel:

**WASTE DISPOSAL SITE #2 OR WASTE TRANSPORTER #2:**

Name:

Address:

City:

State:

Zip:

Contact:

Tel:

**13. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE ATTACH ORDER.**

Name:

Title:

Authority:

Date of Order:

Date ordered to begin:

**14. FOR EMERGENCY RENOVATIONS, PLEASE COMPLETE.**

Date and hour of emergency:

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

15. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. USE ADDITIONAL PAGES IF NEEDED.

16. ASSESSMENT OF FEES (to be included with notification for Renovation):

**DEMOLITION:**

There is no fee assessment for a NESHAP Demolition Permit. A Notification/Permit Application must still be submitted with an Asbestos Survey and a permit obtained prior to the start of a NESHAP applicable demolition project.

Once obtained the permit must be updated as required by NESHAP.

**RENOVATION:**

The fee for a NESHAP Renovation Permit for Regulated Asbestos Removal shall be the greater of A or B.

A. One percent of the contract price: Asbestos Removal Contract Price \$ \_\_\_\_\_ x 1.0% = \$ \_\_\_\_\_

B. The total of \$ .10 times the square footage of non-friable ACM that has or will become friable (b-1) plus \$ .20 times the square footage of friable ACM (b-2).

See Permit Fee Worksheet on Page 5 (Section 18)

17. **\*\*THIS SECTION MUST BE COMPLETED\*\***

I certify to the accuracy of the plans, specifications, and supplemental data submitted with this application and do hereby agree that if a permit is issued, the owner and operator will abide by its terms in all respects. I understand that any misinformation or misrepresentation will be grounds for the modification or revocation of any permit based on this application and may also be a violation of air quality regulations. I further certify that this project will be conducted in accordance with 40 CFR Part 61, Subpart M (NESHAP) and that I am an authorized agent of the permittee.

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

Applicable Fees:	Date Received	Permit #	Case Manager

**18. PERMIT FEE WORKSHEET** (Fees to be included with notification):

**DEMOLITION:**

There is no fee assessment for a NESHAP Demolition Permit. A Notification/Permit Application must still be submitted with an Asbestos Survey at least ten (10) business days prior to the start date and a permit obtained prior to the start of a NESHAP applicable demolition project. Once obtained, the permit must be updated required by NESHAP.

**RENOVATION:**

The fee for a NESHAP Renovation Permit for Regulated Asbestos Removal shall be the greater of A or B

**A.** One percent of the contract price: Asbestos Removal Contract Price \_\_\_\_\_ x **1.0%** = \$ \_\_\_\_\_

**B.** The total of **\$.10** times the square footage of non-friable ACM that has or will become friable (**b-1**) plus **\$.20** times the square footage of friable ACM (**b-2**).

<b>(b-1) Type of RACM</b>		<b>Quantity x .10 = FEE</b>	<b>(b-2) Type of RACM</b>		<b>Quantity x \$.20 = FEE</b>
Floor Tile	_____	sf x <b>.10</b> = \$ _____	Pipe Insulation	_____	If x <b>.20</b> = \$ _____
Cementitious Materials (Siding, roofing, wallboard panels)	_____	sf x <b>.10</b> = \$ _____	Boiler Insulation	_____	sf x <b>.20</b> = \$ _____
Roofing	_____	sf/cf x <b>.10</b> = \$ _____	Surfacing Material	_____	sf x <b>.20</b> = \$ _____
<b>Total b-1:</b>	_____	sf/cf x <b>.10</b> = \$ _____	Other	_____	sf/lf x <b>.20</b> = \$ _____
			<b>Total b-2:</b>	_____	sf/lf x <b>.20</b> = \$ _____

**RENOVATION FEES DUE:**

**A.** Asbestos Removal Contract Price \_\_\_\_\_ x **1.0%** = \$ \_\_\_\_\_

**B.** The total of **b-1** \$ \_\_\_\_\_ + **b-2** \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total Renovation Fees Due = \$ \_\_\_\_\_ (**Greater of A or B**)

**Make Checks Payable To: Forsyth County General Fund**

**FOR DEPARTMENTAL USE ONLY**

Applicable Fees:	Date Received	Permit#	Case Manager
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**Forsyth County  
Environmental Assistance & Protection  
NESHAP Notification Instructions**

A National Emission Standard for Hazardous Air Pollutants (NESHAP) Demolition/Renovation notification is required by the Forsyth County Code to be submitted to the Forsyth County Office of Environmental Assistance & Protection when the following activities are planned in a facility according to Subchapter 3D, Rule .1110 (40 CFR, Part 61, Subpart M):

1. All demolition projects (including intentional burning) when demolition meaning the wrecking or taking out of any load-supporting structures.
2. All renovation projects with removal of regulated asbestos containing material (RACM) equaling or exceeding 260 linear feet, 160 square feet, or 35 cubic feet.

A Forsyth County Permit application must be filled out in its entirety with the completed application submitted to the Office of Environmental Assistance & Protection at least 10 working days prior to the start of any demolition activities or asbestos removal. The receipt date will begin day 1 for the required notice period. Applicable permit fees must accompany the notification.

The Forsyth County Office of Environmental Assistance & Protection administers a federal program in Forsyth County which is subject to US EPA policy and interpretation and federal court rulings.

Preparation: All information must be completed and submitted to:

Forsyth County  
Office of Environmental  
Assistance & Protection  
201 N. Chestnut Street  
Winston-Salem, NC 27101  
(336) 703-2440 Main Line  
(336) 703-2427 NESHAP

1. **TYPE OF NOTIFICATION:** Indicate type of notification, original, revised, or courtesy.
2. **FACILITY INFORMATION:** Identify the owner of the facility, address, telephone number and contact person. If asbestos containing materials (ACM) are to be removed, identify the removal contractor, the contractor's address, telephone number, and contact person. For demolition projects identify the demolition contractor and his address, telephone number, and contact person. Other operator includes representatives of the owner (architect, general contractor, engineering consulting firm). Complete the name, address, telephone number, and contact person.
3. **TYPE OF OPERATION:** Identify type of operation; Demolition, Renovation (asbestos removal), Ordered Demolition (facility is being demolished under an order of a state or local government because the facility is structurally unsound and in danger of imminent collapse), or Emergency Renovation (renovation that must be performed due to an unexpected event that necessitated that work).
4. **FACILITY DESCRIPTION:** Name and address of building where demolition or renovation will take place. Include the building size and age, past and present use, and where the work will take place (site location including floor and room number) for renovation.
5. Indicate if asbestos is present.
6. Indicate procedure (including analytical method and laboratory used) used to determine if asbestos is present or not. For demolition, a copy of the asbestos survey must be attached to this notification.
7. **REGULATED ACM TO BE REMOVED:** Indicate amounts of friable asbestos material to be removed from facility. Indicate also any non-friable asbestos material present including the type of asbestos, amount, and whether it is to be removed.

8. SCHEDULED DATES: Asbestos Removal/Demolition - actual start and completion dates of actual removal. Renovation - start and completion dates of project including set-up and any work required after completion of all removal, including disposal of waste. Demolition and Disposal - actual start and completion dates demolition will begin and be complete including disposal of debris.

This notification must be submitted to the Office of Environmental Assistance & Protection at least 10 working days prior to start of work.

9. Description of work planned including components involved and work methods to be used.  
Example: Removal of pipe insulation in boiler room using the glove-bag method. Demolition of existing structure using wrecking ball and front end loader.
10. Description of preventive measures to be taken for dust control and to prevent any possible emissions of asbestos.
11. WASTE TRANSPORTERS: Name, address, telephone number, and contact person of company or contractor that will be transporting renovation or demolition material from the project to the disposal site.
12. WASTE DISPOSAL SITE: Name, address, telephone number, and contact person where the demolition debris or asbestos containing waste will be disposed. All disposal sites must be listed.
13. Name of agency responsible for ordering of demolition if applicable.
14. FOR EMERGENCY RENOVATIONS: Complete the date and hour the problem occurred, and the reason for the emergency.
15. DESCRIPTION OF PROCEDURES: Describe procedures that will be taken in the event that asbestos is found that was previously unknown or if non-friable asbestos becomes broken up enough to be considered friable.
16. Assessment of permit fees to be included with notification.
17. CERTIFICATION OF ACCURACY: Signature of owner or operator certifying the accuracy of the information submitted in the permit application notification and that accredited personnel are being used on the project.
18. PERMIT FEE WORKSHEET: To be used to calculate the required fees for a renovation (asbestos removal) permit. Worksheet must be included with the notification.

Completion of this notification form in it's entirety will meet the requirements contained in 40 CFR 61:145 "Standard for demolition and renovation." Upon completion and review of this form a permit will be sent to the owner/operator via fax or E-Mail. A copy of this permit should be kept on the job site. The Office of Environmental Assistance & Protection must be notified in writing of changes to this permit or it's conditions. This includes changes in start and completion dates, and amounts of ACM to be removed. In NO EVENT shall any work covered by this regulation and permit start on any other date than that listed in the notification.

**If there are any questions, please contact Roy Gremmell at (336) 703-2427.**

**\*\*Notice\*\***

**Additional permits may still be required for demolition/renovation activities in Forsyth County and it's incorporated municipalities from the City of Winston-Salem Inspections Division or the Town of Kernersville Inspections Department. Also, a permit from the State of North Carolina for asbestos removal may be required. It is the responsibility of the applicant to verify that all permits are obtained prior to beginning any work.**

Forsyth County  
Environmental Assistance & Protection

201 N. Chestnut Street  
Winston-Salem, NC 27101

(336) 703-2440  
336) 727-2777 fax

**REVISION for NESHAP PERMIT/NOTIFICATION**

Project/Facility: \_\_\_\_\_ NESHAP Permit # \_\_\_\_\_

Address: \_\_\_\_\_

Operator: \_\_\_\_\_ Contact Person/Phone: \_\_\_\_\_

**ASBESTOS REMOVAL**

Revised Start Date: \_\_\_\_\_ Revised Complete Date: \_\_\_\_\_

**DEMOLITION**

Revised Start Date: \_\_\_\_\_ Revised Complete Date: \_\_\_\_\_

**TRANSPORTERS** \_\_\_\_\_ **LANDFILLS** \_\_\_\_\_ **OTHER OPERATORS** \_\_\_\_\_

Additional (Added to Project) \_\_\_\_\_ Revised (Removed from Project) \_\_\_\_\_

Name

Address

Contact/Phone #

**ADDITIONAL QUANTITIES OF MATERIALS**

<b>b-1</b> TYPE of RACM	Quantity x \$.10 = FEE	<b>b-2</b> TYPE of RACM	Quantity x \$.20 = FEE
Floor Tile	_____ sf x .10= _____	Pipe Insulation	_____ sf x .20= _____
Cementitious Material	_____ sf x .10= _____	Boiler Insulation	_____ sf x .20= _____
Roofing	_____ sf x .10= _____	Surfacing Materials	_____ sf x .20= _____
Other	_____ sf x .10= _____	Other	_____ sf x .20= _____
<b>Total b-1</b>	_____ sf x .10= _____	<b>Total b-2</b>	_____ sf x .20= _____
<b>Total b-1</b> _____		<b>+ b-2</b> _____	
<b>= \$</b> _____			

**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:

DEPARTMENTAL USE

Date Received \_\_\_\_\_ Fax \_\_\_\_\_ mail \_\_\_\_\_ Additional Fees \_\_\_\_\_

**FORSYTH COUNTY OFFICE OF ENVIRONMENTAL  
ASSISTANCE & PROTECTION**

**INSTRUCTIONS  
REVISION for NESHAP PERMIT/NOTIFICATION**

This form shall be used for projects in Forsyth County, NC for the reporting of any changes to any active NESHAP Permit for Asbestos Removal or Demolition.

Revisions are required for any changes in project start or completion dates, quantities of asbestos material being removed, changes in landfills, transporters, or other operators identified on the project, and changes in any work practices different from the original notification.

1. Project Name & NESHAP Permit #:  
Enter the name of the project and the NESHAP Permit # assigned to the project.
  
2. Project Start/Completion Dates:  
Start dates for Asbestos Removal or Demolition shall be revised prior to the original start date. The revised start date must still be at least ten (10) working days from the original notification received date. Completion dates shall be revised prior to the original completion date when a project is extended beyond the original completion date. Projects completed ahead of schedule shall be revised upon completion of work.
  
3. Transporters/Landfills/Other Operators:  
Any changes from the original notification of operators on the project must be revised prior to the planned change. Revisions include additional operators and operators no longer on the project. Other Operators include asbestos or demolition contractors or any person/company who owns, leases, operates, controls, or supervises the operation of the facility being renovated or demolished.
  
4. Additional Quantities of Asbestos Materials:  
For removal of additional Regulated Asbestos Materials, changes in additional quantities must be revised as well as the payment of the proper additional fees (make checks payable to: Forsyth County General Fund). Regulated asbestos materials include friable ACM and non-friable ACM that has or will become friable.
  
5. Additional Comments or Other Revisions:  
Any additional changes must be identified that substantially alter the original permit. Revisions may be mailed or faxed (336-727-2777) to the Office of Environmental Assistance & Protection. Additional fees may be mailed after receipt of the faxed revision. For major changes (revised dates, landfills, etc.) a revised permit will be issued indicating the revision and acknowledging receipt of the revision. The revised permit must be kept on the project.