



FORSYTH COUNTY
OFFICE OF ENVIRONMENTAL ASSISTANCE & PROTECTION

ASBESTOS PERMIT APPLICATION AND NOTIFICATION FOR DEMOLITION / RENOVATION OPERATIONS

1		5	***FOR OFFICE USE ONLY***			14	15	16
2		6	11					
3		7	12					
4		8	13					
		9	NOTES:					
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1. OPERATION TYPE: () Asbestos Removal () Emergency Asbestos Removal () Removal for Demolition () Demolition () Ordered Demolition

2. IS ASBESTOS PRESENT? () Yes () No

3. FACILITY INFORMATION *(Identify owner, other operator, contractors, air monitor, and designer)*

Owner Name:

Address:

City: State: Zip:

Contact Person: Contact Phone:

Other Operator (other than owner):

Address:

City: State: Zip:

Contact Person: Contact Phone:

Asbestos Removal Contractor:

Address:

City: State: Zip:

Contact Person: Contact Phone:

Demolition Contractor:

Address:

City: State: Zip:

Contact Person: Contact Phone:

SUPERVISING AIR MONITOR: NC Accreditation Number:

ABATEMENT DESIGNER: NC Accreditation Number:

4. FACILITY DESCRIPTION *(Including building name, number, floor, and room number)*

Building Name:

Address:

City: State: County: Zip:

Asbestos Removal Site Location:

Building Size: sq. ft. # of Floors: Year Built:

Present Use: Prior Use:

5. SCHEDULED DATES

Asbestos Removal (mm/dd/yyyy)	Start:	Complete:
Demolition (mm/dd/yyyy)	Start:	Complete:

6. WORK SCHEDULE (Check days applicable): MON TUE WED THU FRI SAT SUN **WORK HOURS:**



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7. ASBESTOS INSPECTION/SURVEY INFORMATION

Inspector Name:		NC Accreditation Number:	
Date of Inspection:	Samples Collected: () Yes () No	Samples Analyzed: () PLM () TEM	
Materials May Be Assumed ACM for Renovation/Removal Purposes; Assumed ACM: () Yes () No			

8. SCOPE OF WORK FOR ASBESTOS REMOVAL AND/OR DEMOLITION. *USE ADDITIONAL PAGES IF NEEDED.*

9. ASBESTOS REMOVAL/DEMOLITION WORK PRACTICES: *(Check all that apply)*

ASBESTOS REMOVAL		DEMOLITION	
() Containment	() Remove Intact	() Negative Pressure	() Bulldozer/Loader
() Wet Methods	() Rotating Blade Roof Cutter	() Dry Removal	() Wrecking Ball
() Strip & Removal	() Mechanical Chipping	Requires Prior Written	() Implore
() Glove Bag	() Component Removal	Approval from the Office. Attach	() Instructional Fire Training (see #9
	() Mechanical Buffer	copy of approval letter.	of the attached instructions)
() Other – Explain Below. <i>(Use Additional Pages If Needed)</i>			

10. WASTE TRANSPORTER #1

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Contact Phone:

11. WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Contact Phone:

12. WASTE DISPOSAL SITE #1

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Contact Phone:

13. WASTE DISPOSAL SITE #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Contact phone:



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14. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW. (Attach copy of order.)			
Name:		Title:	
Authority:			
Date of Order (mm/dd/yy):		Date Demolition Ordered to Begin (mm/dd/yy):	
15. I AM APPLYING FOR AN EMERGENCY RENOVATION PERMIT AND A WAIVER OF THE TEN NOTIFICATION DAY PERIOD: () Yes () No (If Yes, attach letter - See instruction # 15.)			
16. AMOUNT OF ACM TO REMAIN (Indicate whether Linear Feet, Square Feet, or Cubic Feet.)			
Category I:		Category II:	
17. RACM TO BE REMOVED AND ASSESSMENT OF FEES (Required to be included with notification for Renovation.)			
(A-1) Type of RACM	Quantity x 0.10 = FEE	(A-2) Type of RACM	Quantity x 0.20 = FEE
Flooring / mastic	ft ² x 0.10 = \$	Pipe insulation (TSI)	ft x 0.20 = \$
Ceiling tile	ft ² x 0.10 = \$	Boiler insulation (TSI)	ft ² x 0.20 = \$
Cementitious materials (Siding, roofing, wallboard panels)	ft ² x 0.10 = \$	Surfacing material	ft ² x 0.20 = \$
Roofing	ft ² x 0.10 = \$	Other	ft ² /ft ³ x 0.20 = \$
Other	ft ² /ft ³ x 0.10 = \$		
TOTAL (A-1)	ft ² x 0.10 = \$	TOTAL (A-2)	ft/ft ² /ft ³ x 0.20 = \$
TOTAL FT TO BE REMOVED:		TOTAL FT ² TO BE REMOVED:	
		TOTAL FT ³ TO BE REMOVED:	
18. RENOVATION FEES DUE			
A. The total of A-1 \$ plus A-2 \$ = \$			
B. Asbestos Removal Contract Price \$ x 1.0% = \$			
C. Total Fees for Asbestos Removals Prior to Demolition shall not exceed \$1,500			
Total renovation fee = \$ (Greater of A or B)			
Make Checks Payable to: Forsyth County General Fund			
19. I certify to the accuracy of the plans, specifications, and supplemental data submitted with this application and do hereby agree that in the event that unexpected RACM is found or ACM becomes RACM, the Forsyth County Office of Environmental Assistance and Protection will be notified. 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		Name	Title
Company		Date	
Telephone:		Email:	Fax #:
NOTE: The completed/approved notification/application shall be delivered to the Forsyth County Government Center mailing address below. Demolition notifications may be sent via email: asbestos@forsyth.cc			
PLEASE SUBMIT PROPERLY COMPLETED APPLICATION FORM AND APPLICABLE PERMIT FEES TO THE FOLLOWING MAILING ADDRESS:			
Forsyth County Government Center Office of Environmental Assistance and Protection 201 N. Chestnut Street Winston-Salem, North Carolina 2710		Telephone: 336-703-2440 Email: asbestos@forsyth.cc Website: www.co.forsyth.nc.us/EAP	