

201 N. Chestnut St.  
Winston-Salem, NC 27101

FORSYTH COUNTY  
ENVIRONMENTAL ASSISTANCE & PROTECTION  
**REVISION FOR ASBESTOS PERMIT/NOTIFICATION**



336-703-2440  
asbestos@forsyth.cc

Postmark Date

Permit Number

( ) Permit no longer required

Facility Name:	Facility Address:
Contractor:	Contact Phone:
Contact Person:	Contact Person Email:

**ASBESTOS REMOVAL** ( ) On hold

Original Start Date:	Original Completion Date:
Revised Start Date:	Revised Completion Date:

**DEMOLITION** ( ) On hold

Original Start Date:	Original Completion Date:
Revised Start Date:	Revised Completion Date:

**ADDITIONAL QUANTITIES OF MATERIALS/FEES**

(A-1) Type of RACM	Quantity x 0.10 = FEE	(A-2) Type of RACM	Quantity x 0.20 = FEE
Flooring / mastic _____	sf x 0.10 = \$ _____	Pipe insulation (TSI) _____	lf x 0.20 = \$ _____
Ceiling tile _____	sf x 0.10 = \$ _____	Boiler insulation (TSI) _____	sf x 0.20 = \$ _____
Cementitious materials _____ (Siding, roofing, wallboard panels)	sf x 0.10 = \$ _____	Surfacing material _____	sf x 0.20 = \$ _____
Roofing _____	sf x 0.10 = \$ _____	Other _____	sf/cf x 0.20 = \$ _____
Other _____	sf/cf x 0.10 = \$ _____		
<b>TOTAL (A-1)</b> _____	<b>sf x 0.10 = \$</b> _____	<b>TOTAL (A-2)</b> _____	<b>lf/sf/cf x 0.20 = \$</b> _____

<b>(a) TOTAL (A-1) + (A-2) = \$</b> _____	<b>(b) CONTRACT PRICE = \$</b> _____	<b>x 0.01 = \$</b> _____
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**TOTAL ADDITIONAL FEE PAID** (Whichever is greater of (a) or (b) above): \$ \_\_\_\_\_

**ADDITIONAL COMMENTS OR OTHER REVISIONS:** (Including waste transporters, landfills, and/or other operators)

**I certify that the information submitted is accurate to the best of my knowledge.**

Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_