Yakima Regional Clean Air Agency
186 Iron Horse Court, Suite 101, Yakima WA 98901
(509) 834-2050
yakimacleanair.org

NOTIFICATION OF DEMOLITION AND RENOVATION

FEE RECEIVED	POSTMARK	DATE RECEIVED	NOTIFICATION #

I. TYPE OF NOTIFICATION: ☐ Original ☐ Revised ☐ Cancelled ☐ Annual ☐ Other

II. OWNER NAME _____ Email Address _____
Mailing Address _____ City _____ State ____ Zip _____
Contact _____ Telephone _____ Cell Phone _____

ABATEMENT CONTRACTOR _____ Email Address _____
Mailing Address _____ City _____ State ____ Zip _____
Contact _____ Telephone _____ Cell Phone _____

OTHER OPERATOR _____ Email Address _____
Mailing Address _____ City _____ State ____ Zip _____
Contact _____ Telephone _____ Cell Phone _____

III. TYPE OF OPERATION ☐ Demolition ☐ Renovation ☐ Emergency Renovation ☐ House Move ☐ Other

IV. IS ASBESTOS PRESENT? ☐ Yes ☐ No

V. FACILITY DESCRIPTION (Include building name, number & floor/room number):
Building Name _____
Physical Address _____ City _____ State ____ Zip _____
Site Location of Asbestos (basement piping, main floor ceiling, exterior siding, etc.) _____
_____
Building Size _____ # of Floors _____ Age in Years _____
Present Use _____ Prior Use _____

VI. ASBESTOS SURVEY CONDUCTED? ☐ Yes ☐ No By Whom? _____
Phone _____ Date Conducted _____ Location of Report _____

VII. QUANTITIES AND TYPES OF ACM

Quantity of Friable ACM To Be Removed		escription of Friable ACM To Be Removed	Quantity of Nonfriable ACM To Be Removed		Description of Nonfriable ACM To Be Removed
Pipes			Category I		
Surface Area			Category II		
Off Component			Other		

VIII. SCHEDULED DATES ASBESTOS REMOVAL Start _____ Complete _____
SCHEDULED WORK WEEK _____ SCHEDULED WORK HOURS _____

IX. SCHEDULED DATES DEMOLITION OR RENOVATION Start _____ Complete _____

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK & METHODS TO BE USED
(Notice - A Separate Dust Control Plan, in addition to this notification, may be required for demolition work)
_____
_____

XI. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS (Use additional paper if needed) _____
_____
_____

XII. WASTE TRANSPORTER _____

Address _____ City _____ State _____ Zip _____

Contact _____ Telephone _____

XIII. WASTE DISPOSAL SITE _____

Location _____

City _____ State _____ Zip _____ Telephone _____

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Agency _____

Date of Order _____ Date Ordered to Begin _____

XV. FOR EMERGENCY RENOVATION Date & Hour of the 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 _____

_____

_____

XVI. I CERTIFY THAT ALL WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE PROVISIONS OF 40 CFR PART 763 AND THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

_____ _____

(Signature - Owner/Operator) Date

FEE SCHEDULE

AMOUNT OF ASBESTOS TO BE REMOVED	FEE	TYPE
Over 10,000 L.F. OR Over 50,000 S.F.	$867	Demolition Or Renovation
1,001-10,000 L.F. OR 5,001-50,000 S.F.	$425	Demolition Or Renovation
261 - 1,000 L.F. OR 161 - 5,000 S.F.	$164	Demolition Or Renovation
11 - 260 L.F. OR 49 - 160 S.F.	$ 86	Demolition Or Renovation
0 - 10 L.F. OR 0 - 48 S.F.	$ 44	Demolition
Any Amount	$ 77	Renovation Conducted By Owner At An Owner Occupied Single Family Residence
Any Amount	$167	Commercial Flat Built-up Roofs
Up to 260 L.F. OR 160 S.F.	$338	Annual Notice
OTHER CHARGES - ADD TO QUANTITY BASED FEE		
Any Amount	$87	Emergency Demolition or Renovation
Any Amount	$39	Revision of Existing Notification

COMMENTS _____

_____

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_____

SUBMIT