CITY OF MISSION VIEJO

BUILDING SERVICES DIVISON
200 CIVIC CENTER
MISSION VIEJO, CA 92691
(949) 470-3054

SOUTH COAST AQMD RULE 1403 VERIFICATION FORM

Instructions: **Complete** section 1, **read** section 2, and **complete** and **sign** section 3.

SECTION 1

Project Address: _____

Use of building to be demolished: _____

Demolition size (ft): _____ ft x _____ ft Number of Stories: _____

Property Owner: _____

Address: _____

Phone Number: _____

Applicant/Contractor's Name: _____

Company Name: _____

Address: _____

Phone Number: _____ State License Number: _____

SECTION 2

Under California Health and Safety Code regulations, applicants must file with the with the South Coast Air Quality Management Control District (SCAQMD) an Asbestos/Demolition/Renovation Notification for every demolition EVEN WHERE NO ASBESTOS IS PRESENT and for each renovation operation where the amount of friable asbestos-containing material is greater than or equal to 100 square or linear feet. NOTIFICATION MUST BE FILED 10 WORKING DAYS PRIOR TO COMMENCEMENT OF ANY WORK.

APPLICANTS ARE RESPONSIBLE for fully satisfying the provisions of these requirements and for obtaining necessary approvals.

SECTION 3

I certify that I have read the above except and understand that asbestos testing is required prior to any demolition or renovation in accordance with SCAQMD Rule 1403.

Applicant's Signature: _____ Date: _____

Print Name: _____