

**South Coast Air Quality Management District**21865 Copley Drive, Diamond Bar, CA 91765-4182
Phone: (909)396-2336 (www.aqmd.gov)**USPS-Mail Form and Fee To:**SCAQMD
PO Box 55641
Los Angeles, CA 90074-5641**All Others-Mail Form and Fee To:**Bank of America Lockbox Services
Lockbox # 55641
2706 Media Center Drive
Los Angeles, CA 90065**Rule 1403 Form Notification of Demolition or Asbestos Removal**¹ Fax these type of Notification Forms to (909)396-3342 and mail the originals within 48 hrs

Project Type	DEMOLITION (Fire Training)	DEMOLITION (Renovation)	ASBESTOS REMOVAL (Renovation)	PLANNED RENO (Annual)	¹ PROCEDURE 4 PLAN	¹ PROCEDURE 5 PLAN	Project Urgency	EMERGENCY	ORDERED
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Notification Type	ORIGINAL	¹ CANCELLATION	¹ REVISION AMOUNT	¹ REVISION DATES	¹ REVISION OTHER
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Contractor Information: Notifications should be submitted by the contractor performing the project

CSLB License	Cal. OSHA REG	AQMD ID	CHECK	FEE	DATE	PROJECT #
Company Name	List Site Supervisor(s)				Phone	
Address						
City		State	Zip			
Completed by			Phone			

Site Information: Copies of this notification and the CAC asbestos survey report must be kept at the worksite during this project

Site Name _____

Site Address _____ Cross Street _____

Site City _____ State _____ Zip _____ County _____

Site Owner _____ Contact _____ Phone _____

Owner Address _____ City _____ State _____ Zip _____

Describe Work _____

Describe Work Location (s) _____

Project Work Shift Day Swing Night

² Number of Floors _____ Building Age (Years) _____ Number of Buildings or Dwelling Units _____

Building Prior/ Present Use SCHOOL HOSPITAL CONDO/APT PUBLIC BLDG. INDUSTRIAL COMMERCIAL OFFICE UNI/COLLEGE HOUSE SHIP OTHER

Required Building Information ASBESTOS SURVEY? ASBESTOS FOUND? ASBESTOS REMOVED? BUILDING TO BE DEMOLISHED?

YES	NO	YES	NO	YES	NO	YES	NO
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Asbestos Information: Do not provide this information in demolition notifications, see pg 2

Amount of Each Type of Asbestos in sq ft	ACOUSTIC CEILING	FRIABLE	CLASS I	CLASS II	² TOTAL AMOUNT
	DRYWALL	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING
	PLASTER	TRANSITE	ROOFING	OTHER	STUCCO
	PLEASE DESCRIBE OTHER TYPE OF ASBESTOS:				
Asbestos Removal From	SURFACES	PIPES	COMPONENTS		

Asbestos Detection Procedures: Check the procedures and analytical methods used to determine the presence of asbestos in the building. See [Survey Checklist](#)

SURVEY	BULK SAMPLING	INSPECTION	CAC ASSUMED AS ASBESTOS-PACM	PLM	PCM	TEM
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Controls: Check the combination of Rule 1403 procedures used to control asbestos emissions. (Procedure 4 and 5 submit plans for AQMD prior approval)

PROCEDURE NUMBER	1	2	3	4	5
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Emergency Asbestos Removal: Check the sudden unexpected event and attach a letter from the person affected by the emergency explaining how this event caused unsafe conditions, equipment damage or unreasonable financial burden. For disturbed/damaged asbestos materials see [Procedure 5 Guidelines](#).

FIRE FLOOD WATER DAMAGE EARTHQUAKE NUISANCE VANDALISM HEALTH/SAFETY FINANCIAL BURDEN EQUIPMENT DAMAGE OTHER

Name of Person Declaring/ Authorizing the Emergency _____ Phone _____ Date of Emergency _____ Hour of Emergency _____

AQMD USE ONLY:	SCREENED BY	RECEIVED	POSTMARKED	ENTERED BY	NOTIFICATION #
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Phone: (909)396-2336 (www.aqmd.gov)**Rule 1403 Form Notification of Demolition or Asbestos Removal**

USPS-Mail Form and Fee To:

SCAQMD
PO Box 55641
Los Angeles, CA 90074-5641

All Others-Mail Form and Fee To:

Bank of America Lockbox Services
Lockbox # 55641
2706 Media Center Drive
Los Angeles, CA 90065**Demolition Information:** All asbestos containing materials must be removed *prior* to any demolition activity

Asbestos Removal Company Name _____ Date of Asbestos Removal _____

Check work practices to prevent, suppress and contain dust, and dust controls to be use at the demolition site

SPRAY WATER EXIT GRATES TARP TRUCKS/BINS FENCE SCREENS STONE TRUCK PADS TIRE WASHING SOIL STABILIZERS OTHER _____

Contingency Demolition Plan: Check actions to be followed if unexpected asbestos is found during demolition or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder. Disturbed/Damaged ACM requires a Procedure 5 Plan Approval prior to clean-up (See [Procedure 5 Guidelines](#))

STOP WORK NOTIFY OWNER SECURE STABILIZE POST SIGNS ISOLATE WORK AREA SURVEY CHARACTERIZE WASTE OTHER _____

Ordered Demolition: Attach a copy of the agency orderAgency Name _____ Phone _____ Date of Order _____
Authorizing Person _____ Title _____ Date Ordered to Begin _____**Waste Information**

WASTE TRANSPORTER #1 _____	WASTE STORAGE SITE _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
WASTE TRANSPORTER #2 _____	LANDFILL _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Contractor Certification: All contractors or owner/operator submitting this notification must sign this formI certify that an individual trained in the provisions of regulations AQMD [Rule 1403](#) and the [Asbestos NESHAP Title 40 CFR Part 61 Subpart M](#) will be on site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. I hereby certify that all of the information contained herein and information submitted with this notification is true and correct.Company Name _____ Title of Owner/Operator _____
Print Name of Owner/Operator _____ Signature of Owner/Operator _____ Date _____**Notification Fee:** No notifications shall be considered received pursuant to [Rule 1403](#), unless it is accompanied by the required payment ([Rule 301](#), Table VI). Please make check payable to "SCAQMD". Fees are per notification and vary according to the ²TOTAL AMOUNT of asbestos removed or the demolition ²BUILDING SIZE. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See [Fee Information](#))

Project Size Fee: _____	Fee Based on Project Size (sq ft)	Additional Fees
Additional Fee: _____		
Total Fee Due: _____		

Attention**Keep Three (3) Copies of This Notification Form** for your records, **to post at the worksite**, and to obtain a city demolition permit. See [California Health and Safety Code 19827.5](#) that requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Forms, instructions and [Rule 1403](#) can be obtained from the AQMD website at <http://www.aqmd.gov>. Please mail this signed original notification form, fee, and any attachments to: For USPS: SCAQMD, PO Box 55641, Los Angeles, CA 90074-5641; For ALL OTHER: Bank of America Lockbox Services, Lockbox # 55641, 2706 Media Center Drive, Los Angeles, CA 90065. Mailing saves time, money and reduces traffic and air pollution.

Project # _____