

***This notice and corresponding fee (\$100 ) must be submitted to the department two weeks (10 working days) prior to the start of work***

***\*This form may only be used for building demolitions and when no ACM has been identified or no ACM will be left in the facility.***

**This notification may be completed online at <https://app.mt.gov/AsbestosPermits>**

**DEMOLITION CONTRACTOR (Operator)**

Demolition/Renovation Contractor, Individual or Company Name

Mailing Address City State Zip County (Montana only)

Company E-Mail Address (Optional) Contractor Contact Person (First and Last Name)

Telephone Number Fax Number

**SITE/BUILDING OWNER**

Owner Name

Mailing Address City State Zip County (Montana only)

Telephone Number Contractor Contact Person for Owner(First and Last Name)

**SITE INFORMATION**

Building Name / Site (Please note that site name listed may not be reflected on the online listing of approved projects)

Location Address City State Zip County

Site Contact Person (First and Last Name) Site or Contact Person Telephone Number

Building Size (sq. ft.) Number of Floors Age of Site in Years Latitude Longitude

**LOCATION PRESENT USE\***

\*Commercial ~ Industrial ~ Residential ~ School ~ Infrastructure ~ Vacant ~ Other ~

C  I  R  S  INF  V  O

**LOCATION PRIOR USE\***

C  I  R  S  INF  V  O

**PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION**

Is Asbestos Present?  Yes\*  No Inspection Date:

Printed Name of Inspector Who Performed Inspection Accreditation Number Expiration Date

**The above-referenced inspection report must be kept on site during demolition activities.**

**SCHEDULED DATES FOR DEMOLITION**

Start Date (mm/dd/yyyy)

Complete Date (mm/dd/yyyy)

**PROJECT PLAN**

Description of planned demolition method(s) to be used: **Indicate if complete demolition or partial demolition will occur**

Description of work practices and engineering controls to be used to prevent emissions at the demolition site:

Description of procedures to be followed in the event that unexpected asbestos is found:

*I certify that an individual/s trained in the provisions of 40CFR part 61, subpart M will be onsite during the renovation/demolition project with the exception of demolitions where the asbestos inspection report indicates no asbestos is present; that evidence of required training accomplished by this person will be available for inspection during project work schedule; all work pursuant to the authorization of the Asbestos Project Permit/Demolition Acknowledgment will be performed in accordance with 40CFR part 61, subpart M, Montana Code Annotated §§75-2-501 through 519, Administrative Rules of Montana 17.74.301 through 406; that all asbestos containing waste materials removed during this project shall be transported properly and disposed of in an approved Class II or IV disposal facility; and that for all projects, as applicable, a copy of the application, approved acknowledgment, and asbestos inspection report/s will be posted on site on-site for the department to review. I certify that all information herein is correct and accurate.*

Printed Name / Signature

Date

**Mail completed form to: MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901  
Or E-Mail to [deqacponline@mt.gov](mailto:deqacponline@mt.gov)**

**Got List Serve? <http://svc.mt.gov/deq/ListServe/asbestosStep1.asp>**

**MONTANA DEMOLITION NOTIFICATION**  
Form MTACP02-R6

MTACP02-R7

DEQ USE ONLY  
Date Received  
Receipt Number  
ORG 494832

Amount Received  
Date Approved  
ACCT 502705

Check Number  
Fund 02202

DATED: 07/01/2020