ASBESTOS PROJECT PERMIT APPLICATION

To be submitted to the department at least two weeks (10 working days) prior to the start of work.

This form may be completed online at https://app.mt.gov/AsbestosPermits

ACCOUNTING CODE: 574832 / 502702 / 02202

TYPE OF ACTIVITY

☐ Renovation ☐ Remove ☐ Transport/Disposal ONLY

ASBESTOS PROJECT CONTRACTOR (Operator)

Asbestos Project Contractor, Individual or Company Name

Mailing Address | City | State | Zip | County

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

Telephone Number | *Fax Number*

On-Site Project Contractor/Supervisor | *Contractor/Supervisor Accreditation Number* | *Expiration Date*

SITE/BUILDING OWNER

Owner Name

Mailing Address | City | State | Zip | County

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 permit or 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 ☐ RI ☐ 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 the asbestos project, and during subsequent renovations or demolition.

SCHEDULED DATES FOR ON-SITE ASBESTOS PROJECT*

Start Date (mm/dd/yyyy)	*Complete Date (mm/dd/yyyy)*

***T&D of waste not done under permit is noted below.**

SCHEDULED DATES FOR ASBESTOS WASTE DISPOSAL

(When not disposed of during permitted dates.)

Start Date (mm/dd/yyyy)

Complete Date (mm/dd/yyyy)

TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS-CONTAINING MATERIAL SEE PAGE TWO FOR CALCULATION OF FEES

(See Continuation Sheet (MTACP-LACMCS) to list more items)

	AUMs (Qty.)	*Unit of measure*	*Type*	Regulated ACM	Non-Friable ACM to be removed	Non-Friable ACM NOT to be removed	Material Description
1		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				
2		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				
3		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				
4		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				
5		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				
6		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				
7		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				
8		☐ SF ☐ LF ☐ CF	☐ TSI ☐ Surfacing ☐ Misc.				

RACM WASTE TRANSPORTER	☐ Check if same as Asbestos Project Contractor

Contractor, Individual or Company Name

Mailing Address	City	State	Zip	County

Telephone Number	*Fax Number*	*Contractor Contact Person (First and Last Name)*

ACM WASTE DISPOSAL SITE

☐ Allied Waste Systems - Missoula	☐ Coral Creek - Baker	☐ Northern MT - Conrad
☐ Butte Silver Bow - Butte	☐ Daniels County - Scobey	☐ Park County - Livingston
☐ City of Billings - Billings	☐ Flathead County - Kalispell	☐ Richland - Sidney
☐ City of Hardin - Hardin	☐ High Plains Site 1 - Great Falls/Floweree	☐ Sheridan County - Plentywood
☐ City of Malta - Malta	☐ Libby Class II - Libby	☐ Valley County - Glasgow
☐ City of Shelby - Shelby	☐ Miles City - Miles City	☐ Valleyview - Helena
☐ Other:		

PROJECT DESIGN INFORMATION

Description of transportation & disposal procedures, or planned demolition or renovation work and method(s) to be used:

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

Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder:

Print First and Last Name of Project Designer (PD)	*(Accreditation Number/Exp. Date)*

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*

For Transportation and Disposal ONLY, the Fee is $100

For all other Permits, calculate Fees based on the total quantity of AUMs found in the materials section.

AUMs	Cost						
up to 100	$100	>500 to 750	$300	>3,000 to 5,000	$2,000	>25,001 to 50,000	$6,000
>100 to 300	$150	>750 to 1,500	$600	>5,000 to 10,000	$3,000	>50,000 to 100,000	$8,000
>300 to 500	$200	>1,500 to 3,000	$1,000	>10,000 to 25,000	$4,000	>100,000	$16,000

DEQ USE ONLY	Amount Received	Check Number	Date Received	Date Approved
	ACCT 502702	Fund 02202	ORG 494832	Receipt Number

Mail completed form and fee to: **MT DEQ Asbestos Control Program, 1520 East 6th Avenue, PO Box 200901, Helena, MT 59620-0901**