

# DEMOLITION NOTIFICATION with 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>

<b>TYPE OF APPLICATION/PERMIT</b>			<b>ACCOUNTING CODE: 574832 / 502702 / 02202</b>							
<input type="checkbox"/> Project Permit	<input type="checkbox"/> Demo Notification	<input type="checkbox"/> Courtesy Notification								
<b>TYPE OF ACTIVITY</b>										
<input type="checkbox"/> Demolition (M)	<input type="checkbox"/> Enclosure (N)	<input type="checkbox"/> Renovation (R)	<input type="checkbox"/> Transport/Disposal (TD)							
<input type="checkbox"/> Emergency Renovation (E)	<input type="checkbox"/> Ordered Demolition (O)	<input type="checkbox"/> Repair (P)								
<input type="checkbox"/> Encapsulate (S)	<input type="checkbox"/> Remove (V)	<input type="checkbox"/> Revision to Permit No: MT P/N/C/F:								
<b>ASBESTOS PROJECT CONTRACTOR (Operator)</b>										
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						
<b>DEMOLITION/RENOVATION CONTRACTOR (Operator)</b>										
Demolition/Renovation 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							
<b>SITE/BUILDING OWNER</b>										
Owner Name										
Mailing Address		City	State	Zip	County					
Telephone Number			Contractor Contact Person for Owner(First and Last Name)							
<b>SITE INFORMATION</b>										
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						
<b>LOCATION PRESENT USE*</b>										
*Commercial ~ Hospital ~ Industrial ~ Miscellaneous ~ Office ~ Public Building ~ Residence ~ School ~ Ship/Boat ~ University/College ~ Vacant										
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V
<b>LOCATION PRIOR USE*</b>										
<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> O	<input type="checkbox"/> P	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> B	<input type="checkbox"/> U	<input type="checkbox"/> V
<b>PRE-RENOVATION/DEMOLITION ASBESTOS INSPECTION INFORMATION</b>										
Is Asbestos Present?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inspection Date:						
Printed Name of Inspector Who Performed Inspection		Accreditation Number		Expiration Date						
<b>The above-referenced inspection report must be kept on site during the asbestos project, and during subsequent renovations or demolition.</b>										
<b>SCHEDULED DATES FOR ON-SITE ASBESTOS ACTIVITY*</b>			<b>SCHEDULED DATES FOR DEMOLITION/RENOVATION</b>							
Start Date (MM/DD/YYYY)		Complete Date (MM/DD/YYYY)	Start Date (MM/DD/YYYY)		Complete Date (MM/DD/YYYY)					
<b>*T&amp;D of waste not done under permit is noted below.</b>										
<b>SCHEDULED DATES FOR ASBESTOS WASTE DISPOSAL</b> <i>(When not disposed of during permitted dates.)</i>			Start Date (MM/DD/YYYY)							
			Complete Date (MM/DD/YYYY)							

**TYPE OF AND APPROXIMATE AMOUNT OF ASBESTOS-CONTAINING MATERIAL** (See Continuation Sheet (MTACP-LACMCS: PDF) to list more items)

	Amount	Measurement	Regulated ACM (Description)	Non-Friable ACM to be removed		Non-Friable ACM <u>not</u> to be removed	
				CAT I	CAT II	CAT 1	CAT II
1		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
2		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
3		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
4		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
5		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
6		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					
7		<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF <input type="checkbox"/> EA					

**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

Transporter Contact Person (First and Last Name)

**ACM WASTE DISPOSAL SITE**

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

**PROJECT DESIGN INFORMATION** (Written PD must be kept on site during activities)

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:

See Annual Standard Operating Project Design (SOPD), Number:

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 trained in the provisions of 40 CFR part 61, subpart M will be on-site during the demolition or renovation; that evidence of the required training accomplished by this person will be available for inspection during the project work hours; that all work pursuant to the authorization of the Asbestos Project Permit will be performed in accordance with 40 CFR part 61, subpart M, Mont. Code Ann. §§ 75-2-501--519, ARM 17.74.301 - 17.74.406; that all asbestos-containing waste materials removed during this project will be transported properly and disposed of in a State-approved Class II landfill or similar approved asbestos disposal facility; and that for all projects, as applicable, a copy of the application, approved permit, project design, sketch, list of workers, and asbestos inspection report will be posted on site, and that a copy of the contract will be on site, available for department review. I also certify that all the information contained herein is correct.

Printed Name / Signature

Date

**Contract Volume and Fee Information**

	Cost	Fee Total	Check No.	Receipt Log No.
<b>Associated Costs</b>		x .10		
<b>Non-Associated Costs</b>				

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

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

**DEMOLITION NOTIFICATION with ASBESTOS PROJECT PERMIT APPLICATION  
MTACP01-R7**

--- ORDERED DEMOLITION ---  
IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH ORDER

Name:	Title:
Authority:	
Date of Order:	Date Ordered to Begin:

**EMERGENCY RENOVATION (Contact the department before submitting)**

**FOR EMERGENCY RENOVATIONS - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAYS OF NOTIFICATION**

Date and Hour of Emergency			
	Date	Hour	

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

**SPECIAL NOTE:  
FOR ASBESTOS PROJECTS PLEASE ENSURE THE FOLLOWING IS POSTED ON SITE PER ARM 17.74.355**

- A. Approved permit from the department.
- B1. Project design with sketch. -OR-
- B2. Current Contractor Annual Standard Operating Project Design, project specific sketch, and approved variance request.
- C. List of accredited asbestos personnel with their accreditation ID numbers and expiration dates.
- D. Asbestos inspection report
- E. *FOR WORK AT SCHOOLS: Copy of the initial course certificate and the most recent refresher certificate (Per 40 CFR 763, Subpart E, App. C, paragraph I(C)).*

----- Submit this page only if notifying of an Ordered Demolition or Emergency Renovation -----