

# 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

## 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	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
2	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
3	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
4	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
5	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
6	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
7	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				
8	<input type="checkbox"/> SF <input type="checkbox"/> LF <input type="checkbox"/> CF	<input type="checkbox"/> TSI <input type="checkbox"/> Surfacing <input type="checkbox"/> Misc.				

<b>RACM WASTE TRANSPORTER</b>	<input type="checkbox"/> Check if same as Asbestos Project Contractor
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Contractor, Individual or Company Name
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Mailing Address	City	State	Zip	County
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Telephone Number	Fax Number	Contractor Contact Person (First and Last Name)
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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/Flowerree	<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
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:
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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:
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Print First and Last Name of Project Designer (PD)	(Accreditation Number/Exp. Date)
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*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
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Calculate Fees based on the total quantity of AUMs found in the materials section.

AUMs	Cost	>500 to 750	\$300	>3,000 to 5,000	\$2,000	>25,001 to 50,000	\$6,000
up to 100	\$100	>750 to 1,500	\$600	>5,000 to 10,000	\$3,000	>50,000 to 100,000	\$8,000
>100 to 300	\$150	>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 502703	Fund 02202	ORG 574836	Receipt Number

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