Florida Department of
Environmental Protection
Division of Air Resource Management

Miami-Dade DERM
Air Quality Management Division
701 N.W. 1st Court, 2nd Floor
Miami, Florida 33136

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ☐ **ORIGINAL** ☐ **REVISED** ☐ **CANCELLATION** ☐ **COURTESY**

TYPE OF PROJECT (CHECK ONE ONLY): ☐ **DEMOLITION** ☐ **RENOVATION** ☐ **ROOFING**

IF DEMOLITION, IS IT AN ORDERED DEMOLITION? ☐ YES ☐ NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION? ☐ YES ☐ NO File #_____

IS IT A PLANNED RENOVATION OPERATION? ☐ YES ☐ NO Process #_____

I. Facility Name _____

Address _____

City _____ State _____ Zip _____ County _____

Site _____ Consultant Inspecting Site _____

Building Size _____ (Square Feet) # of Floors _____ Building Age in Years _____

Prior Use: ☐ School/College/University ☐ Residence ☐ Small Business Other _____

Present Use: ☐ School/College/University ☐ Residence ☐ Small Business Other _____

II. Facility Owner _____ Phone

Address _____

City _____ State _____ Zip _____

III. Contractor's Name _____ Phone

Address _____

City _____ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), F.S.? ☐ YES ☐ NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start:_____ Finish:_____ Demo/Renovation (mm/dd/yy) Start:_____ Finish:_____

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

☐	Strip and Removal	☐	Glove Bag	☐	Bulldozer	☐	Wrecking Ball
☐	Wet Method	☐	Dry Method	☐	Explode	☐	Burn Down
OTHER:							

VI. Procedures for Unexpected RACM: _____

VII. Asbestos Waste Transporter: Name _____ Phone _____ _____

Address _____

City _____ State _____ Zip _____

VIII. Waste Disposal Site: Name _____

Address _____

City _____ State _____ Zip _____

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*

_____ square feet surfacing material _____ square feet cementitious material

_____ linear feet pipe _____ square feet resilient flooring

_____ cubic feet of RACM off facility components _____ square feet asphalt roofing

*Identify and describe surfacing material and other materials as applicable:

I certify that the above information is correct and that an individual trained in the provisions of this regulation (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 have read and understood the additional information provided on the back of this form.

_____
(Print Name of Owner/Operator)

_____
(Signature of Owner/Operator) (Date) (Contact phone #)

DERM USE ONLY Postmark/Date Received ID #

DISTRIBUTION: White–DERM Yellow–Applicant Pink–Reserve Gold–Reserve