

DEMOLITION NOTIFICATION FORM

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at Least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. **A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.**

This federal asbestos inspection requirement has been in effect since November 1990.

Again, a licensed asbestos consultant (Inspector or Management Planner) must conduct this inspection. Local, State Cooperation Although not directly responsible for enforcement of the above asbestos/demolition requirements, the CT DPH encourages local officials to verify that these requirements have been addressed when issuing a demolition permit. As a suggestion, local building or health officials could request a copy of the mandated asbestos abatement or demolition notification form submitted to the CT DPH as part of the demolition permit process. Municipalities that use a checklist as part of the demolition permitting process could easily incorporate this item as part of that checklist procedure.

The CT DPH is requesting that local officials solely determine that a proper notification form has been completed. Verification of the content and completeness of the notification form would remain the responsibility of the CT DPH Asbestos Program. Any questions that arise from applicants regarding these requirements should be forwarded to the CT DPH Asbestos Program (860-509-7367)

Notification Requirements

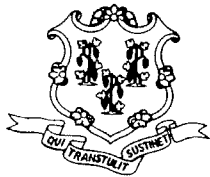
Section 19a-332a-3 of the RCSA requires that an owner and/or asbestos abatement contractor provide the CT DPH with notification at least ten (10) days prior to the start of any asbestos abatement associated with renovation or demolition activities. Notification is required for all abatement involving more than ten (10) linear feet or more than twenty-five (25) square feet of asbestos-containing material (ACM). **In 2004, Section 19a-332a-3 was revised to require notification** of the CT DPH related to all demolition activities, regardless of whether ACM was identified in the building or structure. The owner and/or demolition contractor is responsible for submission of the demolition notification form, at least ten (10) days prior to the start of the demolition activity. Separate prescribed forms, and requisite fees, are required for notification of demolition and asbestos abatement. If an asbestos abatement notification form is submitted to the CT DPH associated with the demolition of a facility, there is no obligation to submit a separate demolition notification form.

Both notification forms are available on the DPH Asbestos

Program web page:

www.dph.state.ct.us/BRS/Asbestos.asbestos_program.htm.

Inspection Requirements CT DPH regulations contain no explicit requirement to inspect a building or structure prior to demolition. However, the CT DPH strongly encourages that a pre-demolition asbestos inspection be conducted due to the potential for improper disturbance of ACM. CT DPH regulations require that a licensed asbestos consultant (Inspector or Management Planner disciplines) conduct asbestos inspections. In the absence of this inspection, the disturbance to ACM during demolition of a building or structure could result in potential exposure to the public, and would violate CT DPH regulations



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY
Postmark Date
Check #
Transmittal No.
Amount Paid
Record No.

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars.

1. TYPE OF NOTIFICATION:

A. [] NEW B. [] EMERGENCY C. [] REVISED ITEMS REVISED:

2. FACILITY OWNER:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES [] NO []

4. INSPECTION INFORMATION: NAME OF INSPECTOR:

LICENSE #:

DATE OF INSPECTION:

INSPECTOR

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.



Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509- 7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer

5(A.)	DEMOLITION START DATE:
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5(B.)	DEMOLITION COMPLETION DATE:
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6. USE OF FACILITY:

A. SCHOOL (K-12)	B. PUBLIC BUILDING	C. MANUFACTURING	D. OFFICE	E. COLLEGE
F. COMMERCIAL	G. CHURCH/SYNAGOGUE	H. RESIDENTIAL, # OF DWELLINGS	I. OTHER	

(I. SPECIFY)

7. BUILDING DATA:

SQUARE FEET:	# OF FLOORS:	AGE:
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8. DEMOLITION CONTRACTOR:

NAME: _____ CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO.: _____

9. DEMOLITION DISPOSAL FACILITY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO.: _____

10. DEMOLITION WASTE HAULER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO.: _____

11. PERSON COMPLETING THIS FORM:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE NO.: _____

SIGNATURE _____ **DATE:** _____

The submission of the **Notification of Demolition Form** is not required provided that an **Asbestos Abatement Notification Form** was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the **Asbestos Abatement Notification Form** submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (**Notification of Demolition Form** or **Asbestos Abatement Notification Form**, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

FOR STATE USE ONLY

Postmark Date	
Check #	
Amount Paid	
Transmittal #	
Record No.	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

1. NOTIFICATION TYPE	NEW <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	REVISED AND REVISION # <input type="checkbox"/>	
IF REVISED, NOTE ITEMS REVISED				
IF EMERGENCY, DESCRIBE NATURE				
2. ABATEMENT CONTRACTOR				
NAME				LICENS 000
ADDRESS				
CITY		STATE		ZIP
PHONE #	CONTACT PERSON			
3. FACILITY OWNER OR OPERATOR				
NAME				
ADDRESS				
CITY		STATE		ZIP
PHONE #	CONTACT PERSON			
4. ADDRESS OF ABATEMENT PROJECT				
ADDRESS				
CITY		STATE		ZIP
5. PROJECT DATES				
START DATE	<i>Month/Day/Year</i>		COMPLETION DATE	<i>Month/Day/Year</i>
6. PROJECT COSTS AND FEES				
TOTAL ABATEMENT PROJECT COST			\$50.00 (+ 1% total asbestos abatement cost for projects >160 sq. ft)	
REVISED COST (ONLY FOR REVISIONS)				
NOTIFICATION FEE DUE			IF REVISED COST, ADDITIONAL FEE DUE	
7. USE OF FACILITY				
SCHOOL (K-12) <input type="checkbox"/>	PUBLIC BUILDING <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	OFFICE <input type="checkbox"/>	COLLEGE <input type="checkbox"/>
COMMERCIAL <input type="checkbox"/>	CHURCH/SYNAGOGUE <input type="checkbox"/>	RESIDENTIAL, # OF DWELLINGS <input type="checkbox"/>	OTHER <input type="checkbox"/>	
DESCRIBE OTHER				

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 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
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8. BUILDING DATA									
SQUARE FEET:		NUMBER OF FLOORS:		AGE:					
9. ABATEMENT CLASSIFICATION									
A. RENOVATION <input type="checkbox"/>		B. DEMOLITION <input type="checkbox"/>		C. ORDERED DEMO <input type="checkbox"/>					
(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER									
10. ABATEMENT TECHNIQUE									
FULL CONTAINMENT WITH NEGATIVE AIR <input type="checkbox"/>			EXTERIOR <input type="checkbox"/>		SPOT REPAIR (>25 SQ. FT. TOTAL) <input type="checkbox"/>				
ALTERNATIVE WORK PRACTICE (MUST BE PREAPPROVED) <input type="checkbox"/>			PROJECT DESIGNER & LICENSE #						
11. ABATEMENT METHOD & TYPE OF DECONTAMINATION SYSTEM									
REMOVAL <input type="checkbox"/>	ENCAPSULATION <input type="checkbox"/>	ENCLOSURE <input type="checkbox"/>	CONTIGUOUS <input type="checkbox"/>	REMOTE <input type="checkbox"/>	BOTH <input type="checkbox"/>				
12. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED (SQUARE FEET)									
FRIABLE MATERIAL					NONFRIABLE MATERIAL				
A.	SPRAYED /TROWELED ON:		<i>Category I</i>						
B.	BOILER INSULATION:		I.	FLOOR COVERINGS/TILES:					
C.	TANK INSULATION:		J.	ROOFING, SPECIFY:					
D.	BRECHING INSULATION:		K.	GASKETS, PACKINGS:					
E.	DUCT INSULATION:		<i>Category II</i>						
F.	CEILING TILES:		L.	TRANSITE BOARD:					
G.	OTHER, SPECIFY:		M.	OTHER, SPECIFY:					
H.*	PIPE INSULATION		Total Square Feet						
* FOR PIPE INSULATION, SEE NOTIFICATION CONVERSION TABLE TO CONVERT LINEAR FEET TO SQUARE FEET									
<i>(Pipe diameter)</i>		<i>Multiply LF by CF</i>		=	<i>Total Sq. Ft.</i>				
				=					
				=					
				=					
13. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)									
NAME									
ADDRESS									
CITY, STATE, ZIP									
OWNER, OPERATOR									
14. HAULER/WASTE TRANSPORTER									
NAME									
ADDRESS									
CITY, STATE, ZIP									
SIGNATURE OF PERSON COMPLETING THIS FORM									
TITLE									
MAIL COMPLETED FORM TO:				DEPARTMENT OF PUBLIC HEALTH - EHS 410 CAPITOL AVE, MS# 51 AIR PO BOX 340308 HARTFORD, CT 06134-0308					