



Asbestos Demolition/Renovation Notification Form

Air Resources Division/Compliance Bureau
Asbestos Management and Control Program

RSA/Rule: RSA 141-E:4, I and II and Env-A 1800



***Complete all sections of this form in detail.**

***See the attached Directions for Completing Your Asbestos Demolition/Renovation Notification Form.**

I. TYPE OF NOTIFICATION (Check One)			
<input type="checkbox"/> New Notification	<input type="checkbox"/> Revised Notification	<input type="checkbox"/> Cancelled Project	Fee Enclosed: \$

II. PROJECT TYPE (Check All That Apply)	
<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Pickup and Disposal <input type="checkbox"/> *Emergency	For Official Use, Do not write in this box
<i>*For emergency projects, describe the emergency on a supplemental sheet. Attach any government order requiring the work.</i>	
<i>*Contact the department to obtain waiver # for inclusion on this form.</i>	
Waiver #: _____ Date Obtained: _____	

III. BUILDING INFORMATION			
Building/Site Name			
Street Address	Town/City	State	ZIP Code
Year Constructed	Size (ft ²)	Number of Floors	
Current Use		Prior Use	

IV. ACM INSPECTION AND WORK DETAILS				
Asbestos Supervisor to perform abatement: _____ Cert #: <u>AS</u>				
Asbestos Inspection Conducted by: _____ Date: _____				
Type of inspection (Check all that apply): <input type="checkbox"/> Visual <input type="checkbox"/> Analytical Testing <input type="checkbox"/> No ACM Present				
Asbestos Abatement	Demolition	Weekly Work Schedule		
Start Date: _____	Start Date: _____	Days of Work: _____		
End Date: _____	End Date: _____	Time of Day of Work: _____ to _____		
ACM Present		ACM to be Abated		List Types of Asbestos and Location in Building
Friable	Non-Friable	Friable	Non-Friable	
ft	ft	ft	ft	
ft ²	ft ²	ft ²	ft ²	
ft ³	ft ³	ft ³	ft ³	
Briefly describe work practices to be employed. Attach additional pages if needed.				

V. PROPERTY OWNER INFORMATION			
Owner's Name			
Owner's Mailing Address	Town/City	State	ZIP Code
Owner Contact			
Contact's Phone	Email (Optional)		

VI. ABATEMENT CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone Email (Optional)		

VII. DEMOLITION CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone Email (Optional)		

VIII. ACM WASTE TRANSPORTER				
Transporter Name	Mailing Address	Town/City	State	ZIP Code
Transporter Contact Name	Phone Number			

IX. FINAL WASTE DISPOSAL FACILITY				
Facility Name	Street Address	Town/City	State	ZIP Code
Phone Number				

X. I Certify That the Above Information Is Correct	
Signature	Print Name
Title	Date