

## **DEMOLITION**REGULATION 11, Rule 2

#### **Notification Form**

	For Office Use Only
J#	
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	Cross Street:
City:	
	Phone ( )
Specific Location of Project within Building/Address:	
Check One: Single Family Dwelling Comme	ercial
Contractor/Individual Performing Demolition	
Name: Company/Individual	Contact:
Mailing Address:	
City: Zip:	Phone: ( )
Have you previously submitted notifications for o	other sites?
Description of Demolition	
Is this Demolition by Fire for Fire Training purpo	oses?  uges  uges  uges
Is this Demolition ordered by a Government Agei (Emergency only – attach copy of order)	ncy?
If not Demolition for Fire Training, check applical	
Hoavy Equipment   Implesion	By Hand Dthor
Heavy Equipment Implosion	By Hand United Other
Dates of Demolition: (Actual dates must be entered,	•
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Dates of Demolition: (Actual dates must be entered,  Start: Completion:	"ASAP" or "SOON" will be rejected.)
Dates of Demolition: (Actual dates must be entered, Start: Completion: Asbestos Survey Report	"ASAP" or "SOON" will be rejected.)  Weekend Work? Night Work (After 5 PM)?
Dates of Demolition: (Actual dates must be entered, Start: Completion:  Asbestos Survey Report  Name of company that conducted survey:	"ASAP" or "SOON" will be rejected.)  Weekend Work?  Night Work (After 5 PM)?
Dates of Demolition: (Actual dates must be entered, Start: Completion:  Asbestos Survey Report  Name of company that conducted survey: Address:	"ASAP" or "SOON" will be rejected.)  Weekend Work? Night Work (After 5 PM)?
Dates of Demolition: (Actual dates must be entered, Start: Completion:  Asbestos Survey Report  Name of company that conducted survey: Address: Zip:	"ASAP" or "SOON" will be rejected.)  Weekend Work?  Night Work (After 5 PM)?  Phone: ( )
Dates of Demolition: (Actual dates must be entered, Start: Completion:  Asbestos Survey Report  Name of company that conducted survey: Address:	"ASAP" or "SOON" will be rejected.)  Weekend Work? Night Work (After 5 PM)?  Phone: ( )  CAC/SST #:
Dates of Demolition: (Actual dates must be entered, Start: Completion:  Asbestos Survey Report  Name of company that conducted survey: Address: Zip: Name of person who completed the survey:	"ASAP" or "SOON" will be rejected.)  Weekend Work? Night Work (After 5 PM)?  Phone: ( )  CAC/SST #:
Dates of Demolition: (Actual dates must be entered,  Start: Completion:  Asbestos Survey Report  Name of company that conducted survey: Address: Zip: Name of person who completed the survey: Is /was asbestos present?	"ASAP" or "SOON" will be rejected.)  Weekend Work? Night Work (After 5 PM)?  Phone: ( )  CAC/SST #:
Dates of Demolition: (Actual dates must be entered,  Start: Completion:  Asbestos Survey Report  Name of company that conducted survey: Address: Zip:  Name of person who completed the survey: Is /was asbestos present?	"ASAP" or "SOON" will be rejected.)  Weekend Work? Night Work (After 5 PM)?  Phone: ( )  CAC/SST #:
Dates of Demolition: (Actual dates must be entered, Start: Completion:  Asbestos Survey Report  Name of company that conducted survey: Address: Zip: Name of person who completed the survey: Is /was asbestos present?	"ASAP" or "SOON" will be rejected.)  Weekend Work?  Night Work (After 5 PM)?  Phone: ( )  CAC/SST #:  Title: Phone: ( )

# Payment must be received before J# will be assigned. See Schedule L of Regulation 3 for appropriate fees. Payment type: Check Cashier's Check Money Order Credit Card (Visa, MasterCard Only) (payments, other than credit card payment, must be mailed or delivered to: 939 Ellis St., San Francisco, CA 94109) I certify that the above information is correct and that I will comply with all of the requirements of the BAAQMD's regulations, as well as all other applicable federal, state and local requirements. Signature of Contractor or Person Performing Demolition:

Form:Demo-052108

#### **GENERAL INFORMATION**

- This notification form shall be used to notify the BAAQMD of a demolition operation only. Notification is required for every demolition. All boxes must be completed. Appropriate fee payment must accompany each notification. Notifications may be faxed to (415) 749-4658, but job numbers will not be issued unless accompanied by a valid credit card authorization or until a valid check, cashier's check or money order for applicable fees is received.
- Notification shall be provided to the District at least 10 working days prior to commencement of demolition, or as early as possible prior to commencement of emergency demolition. <u>The notification period will not</u> <u>start until a complete notification is submitted (see above).</u>
- An Acknowledgement Letter is mailed to the contractor/person listed within 3 days of receipt of a complete notification. This should be checked for accuracy of data.
- If the job is postponed or cancelled, the District <u>must</u> be notified of a revision; the Acknowledgement Letter should be used to fax or mail the revision information. When cancelled, a cancellation fee will apply.
- For specifically-defined "Emergency" conditions, the 10 working day period will be waived. Notification must be made by fax, and the job number will be issued if accompanied with a faxed copy of a valid check, cashier's check or money order.
- For 4 or fewer unit residences, the 10 working day period may be reduced to 72 hours for an additional fee.

#### **INSTRUCTIONS**

- SPECIFIC LOCATION OF PROJECT: Identify where the demolition is taking place if the site contains more than one building.
- START AND COMPLETION DATES: The start date is the date on which demolition of the facility or structure commences. Any revision to the start or completion dates must be submitted prior to the previously notified date(s). Under no circumstances may the revised start date be earlier than the 10<sup>th</sup> working day following the postmark or fax date of the original notification. If the start date is unknown, enter an estimated start date and revise the notification when the actual start date is known, but not later than the estimated start date.
- **FIRE TRAINING**: Reg. 11-2-206 includes "intentional burning" in the definition of demolition. Notification is required, the 10 working day requirement must be met and all Asbestos-Containing Material (ACM) >1% must be removed prior to fire training. The District's Open Burning Notification form must also be filed and the applicable requirements of Regulation 5 must be met.
- SURVEY REPORT: Provide information showing that prior to commencement of the demolition, a survey
  was performed to determine the presence of Regulated ACM (RACM). Indicate if there was/was not
  suspected ACM.
- GOVERNMENT ORDERED DEMOLITION: If an "Emergency" demolition (see above) is the result of a
  state or local agency declaring the building a public nuisance or structurally unsound and in danger of
  imminent collapse, a copy of the written order must accompany this notification.

#### FEES APPLICABLE TO DEMOLITION OPERATIONS (FROM REGULATION 3, SCHEDULE L)

Demolition conducted at a single family dwelling is subject to the following fee:

**OPERATION FEE: \$49** 

Cancellation: \$49 (100% of fee) non-refundable, for notification processing.

Demolition conducted at a single family dwelling or multiple family dwelling with four or fewer units with 72 hours instead of 10 days prior notice (excluding emergencies) is allowed upon payment of the following additional fee:

**OPERATION FEE: \$340** 

Demolition, other than those conducted at a single family dwelling, is subject to the following fee:

OPERATION FEE: \$205

Cancellation: \$137 of above amount non-refundable for notification processing. Demolition conducted for the purpose of **fire training** is exempt from fee.

SURVEY REQUIREMENTS FOR DEMOLITION OPERATION (FROM REGULATION 11, RULE 2)

**303.8 Surveys**: Except for ordered demolitions, prior to commencement of any demolition or renovation, the owner or operator shall thoroughly survey the affected structure or portion thereof for the presence of asbestos-containing material, including Category I and Category II nonfriable asbestos-containing material. The survey shall be performed by a person who is certified by the Division of Occupational Safety and Health, and who has taken and passed an EPA-approved Building Inspector course and who conforms to the procedures outlined in the course. The survey shall include sampling and the results of laboratory analysis of the asbestos content of all suspected asbestos-containing materials. This survey shall be made available, upon request by the APCO, prior to the commencement of any RACM removal or any demolition. This subsection shall not apply if the owner or operator asserts that the material to be renovated is RACM and will be handled in accordance with the provisions of Sections 11-2-303, 304 and 401. The requirement for certification by the Division of Occupational Safety and Health shall not apply to in-house health professionals within a specific nonasbestos related company who perform occasional surveys only for that company as part of their regular job responsibilities

- 8.1 When a structure, or portion thereof, is demolished under an ordered demolition, the survey must be done prior to, during, or after the demolition but prior to loading or removal of any demolition debris. If the debris contains regulated asbestos-containing material, all of the debris shall be treated as asbestos-containing waste material pursuant to Section 11-2-304.
- 8.2 For renovation or demolition of residential buildings having four or fewer dwelling units, a survey is not required. A sample and test of the material will be required only when any of the following will be removed or disturbed: heating, ventilation, air conditioning ducting and systems; acoustic ceiling material or acoustic plaster; textured or skim coated wall surfaces, cement siding or stucco, or resilient flooring. Where the material is found to contain greater than 1 percent asbestos and is friable, the material must be handled in accordance with Section 11-2-303.

### CREDIT CARD PAYMENT FORM (Visa and Mastercard ONLY)

## for Demolition and Asbestos Job Notifications Use Only For multiple notifications, please use a separate form for each job Refer to Regulation 3, Schedule L for Fees

	Address				
City			Zip		
	<b>Project Description:</b>			_	
	Demolition		Amount Paid		
	Renovation		Amount Paid	<i>Pai</i> d \$	
	Removal Amount (of regulat	ed asbestos	) <i>:</i>		
	lin ft	sq ft	(	cu ft	
PAY	MENT TYPE:				
N	Ass Oscal		\ /IO A		
Mast	ter Card		VISA		
CRE	DIT CARD INFORMATION				
	Name				
	Company Name				
	Card No.				
	Billing Address Zip Code				
	<sup>7</sup> 2 Code (3 digit code on reverse side	•	·		
	_				
FOR	R ADMIN USE ONLY:		leve	vico #	
	Authorization # Date			oice # #	