

Payment: _____

DEMOLITION BUILDING PLAN APPROVAL APPLICATION FORM

Comment: Zoning permit, construction plans, specifications & shop drawings shall be submitted for approval and will be incorporated into and become the approved construction documents.

Project: _____ Name of Owner: _____

Project Address: _____ Lot Number: _____ Bldg. #: _____
Township/City: _____ Parcel ID#: _____ Zoning Permit #: _____ Date: _____

Estimated Demolition Cost: \$ _____

Name of Contact Person: _____ Contact Person Phone #: _____
Contact Person Address: _____ *Call back # for inspection time: _____
Fax #: _____ E-Mail: _____

Name of Contractor: _____ Contractor's Phone #: () _____
Contractor's Address: _____ Fax #: () _____
E-Mail: _____

Name of Property Owner: _____ Property Owner's Phone #: () _____
Property Owner's Address: _____ Fax #: () _____
E-Mail: _____

Plans prepared by: _____ Phone: _____ E-Mail: _____
Company Name: _____ Address: _____ City/State/Zip _____

RESIDENTIAL: _____ / **COMMERCIAL:** _____

SINGLE FAMILY DWELLING: _____	SQUARE FEET: _____
COMMERCIAL BUILDING: _____	SQUARE FEET: _____
ACCESSORY STRUCTURE: _____	SQUARE FEET: _____
INDUSTRIALIZED UNIT: _____	SQUARE FEET: _____
OTHER BUILDING: _____	SQUARE FEET: _____

If a review and approval of the above is being deferred at this time, separate plan approval applications and documents shall be required at the time of application.

Print Applicant's Name: _____ Signature: _____ Date _____

GREENE COUNTY DEPARTMENT OF BUILDING REGULATION
667 DAYTON-XENIA ROAD, XENIA, OHIO 45385
937-562-7420; FAX- 937-562-7425
WEB SITE: WWW.CO.GREENE.OH.US

September 12, 2011

INSTRUCTIONS FOR NOTIFICATION OF ASBESTOS DEMOLITION AND RENOVATION OHIO ENVIRONMENTAL PROTECTION AGENCY

Regulatory Requirements:

The Ohio Environmental Protection Agency adopted Chapter 3745-20 of the Ohio Administrative Code (OAC) "Asbestos Emission Control from Renovation Demolition and Waste Disposal Operation" May 29, 1990. Chapter 3745-20 implements the National Emission Standard for Hazardous Air Pollutants (NESHAP) Standard for Asbestos. On November 20, 1990 U.S. EPA revised the asbestos NESHAP. Proper completion and submittal of the Ohio EPA form for notification, meets or exceeds all requirements for notification under the NESHAP and the Ohio Administrative Code. Notification requirements are found in OAC 3745-20-03 and in 40 CFR Section 61.145(b).

Who Must Notify:

Every demolition of a facility requires notification regardless of whether asbestos is involved. Renovation of a facility must be submitted when the amount of regulated asbestos-containing material (RACM) stripped, removed, dislodged, cut, drilled, or similarly disturbed exceeds 260 linear feet on pipes or 160 square feet on other facility components or 35 cubic feet off facility components.

When Must Notification Be Provided:

Notice must be postmarked, delivered or received by the Ohio EPA district office or local air agency with jurisdiction in the county where the operations will occur. A list of the counties and a map is available for reference. All notifications must be submitted at least 10 working days (Monday-Friday excluding weekends) before operations begin. Phone notification is not acceptable for original notification. Notification must be updated when substantive information changes or the amount of asbestos changes by more than 20%. Updated notification may be provided by phone or fax followed in writing before the operations continue. An emergency demolition or emergency renovation notice must be submitted as early as possible before but not later than the following working day, and must include the information required under notice sections XIV and XV.

What Information Must Be Supplied:

Complete all parts of the form except XIV and XV unless the notice is for emergency demolitions or renovations. Demolition which involves less than 260 linear feet or 160

square feet do not need to complete items VII, XI, XII, and XIII. Before submitting any notice the facility must be thoroughly inspected for asbestos including Category I (nonfriable packing gaskets, floor tile, asphalt roofing) and Category II (all other nonfriable ACM). OAC 3701-34-02(C) prohibits any person not certified as an asbestos hazard evaluation specialist in Ohio from inspecting and identifying asbestos for the purpose of determining the need for an asbestos hazard abatement activity.

Operator Project # — this is an optional space provided for the person submitting the notice to indicate a project number.

- I. Identify if the notice is an original, revised, or canceled.
- II. A complete facility description must be provided including the specific portion of the facility affected by the operations. Building size must be estimated in square feet, number of floors, and age in years. Also include the present and prior use (i.e., industrial, commercial, institutional, etc.)
- III. Identify the type of operation being notified. If uncertain consult 40 CFR 61.141 and 61.145(a) or OAC 3745-20-01 and 3745-20-02.
- IV. Declare whether or not asbestos is present in any quantity.
- V. All spaces must be completed identifying the Owner, Removal Contractor and other responsible operator (if applicable) such as a demolition contractor or general contractor.
- VI. Include the procedure used to detect and analyze asbestos. All operations should have the records of the inspection and analyses on-site during active operations for inspection. Such records would include a list of materials assessed, locations sampled and the sample results.
- VII. Quantify asbestos in the three columns (RACM, Nonfriable Asbestos Material to be Removed, Nonfriable Asbestos Material NOT to be Removed).
- VIII. The starting and ending date for demolition or renovation must be noted even when asbestos is not being removed.
- IX. Include the scheduled dates for asbestos removal and specify the hours of operation and check off the days of the week operations will be active.
- X. Describe the demolition or renovation which will occur and the methods or operations that will be employed.
- XII. Indicate the names and addresses and phone numbers of any waste transporters. You must also complete a Waste Shipment Record prior to consigning any asbestos waste materials.
- XIII. Identify the waste disposal site and its actual location (may be different from mailing address).
- XIV. This space is only for emergency demolitions that meet the definitions and requirements of the regulation. In addition to completing the notification form, four additional items must be completed or attached to the notice. If a facility is not in imminent danger of collapse, it is not an emergency demolition even though it may be ordered due to hazardous conditions.
- XV. Emergency Renovations must meet criteria described at 40 CFR 61.141 and OAC 3745-20-01. Include an attachment with the three items listed on the notice form.
- XVI. Describe the procedures to be followed in the event unexpected asbestos is found or nonfriable asbestos becomes RACM. This will prevent delays or complete re-notification. In the event asbestos quantities change by 20% or more, you must update the notice.
- XVII. After November 20, 1991 you must certify a NESHAP trained person will be available during normal business hours at the demolition or renovation site. Signature must be by an authorized officer of the owner or operator.

OHIO ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # _____	Postmark _____	Date Received _____	Notification # _____
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I. Type of Notification (check one): Original Revised Canceled

II. Facility Description (include building name, number, and floor or room number)
 Building Name: _____
 Address: _____
 City: _____ State: **OHIO** Zip Code: _____ County: _____
 Site Location (specific): _____
 Building Size (square feet): _____ # of Floors: _____ Age in Years: _____
 Present Use: _____ Prior Use: _____

III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Training

IV. Is Asbestos Present? (check one): Yes No

V. Facility Information
 Owner Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (____) _____ Fax: (____) _____
 Removal Contractor Name: _____ License # _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (____) _____ Fax: (____) _____
 Other Operator (demolition/general): _____ License # _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: (____) _____ Fax: (____) _____

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

Ohio Asbestos Hazard Evaluation Specialist: _____
Name Certification #

VII. Approximate Amount of Asbestos Materials:

	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)					
Facility Components (cubic feet)					

VIII. Scheduled Dates Demolition or Renovation: Start: _____ Complete: _____

IX. Dates for Asbestos Removal (MM/DD/YY) Start: _____ Complete: _____

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

