



# COCHISE COUNTY JOINT PERMIT APPLICATION

Cochise County Community Development, 1415 Melody Ln., Bldg. E, Bisbee, AZ 85603 (520) 432-9240. Fax (520) 432-9278, [www.cochise.az.gov](http://www.cochise.az.gov)

## PLEASE PRINT OR TYPE PARTS A-F BELOW

### PART A: DESCRIPTION OF PROPERTY

Tax Parcel Identification # \_\_\_\_\_  
 Subdivision \_\_\_\_\_  
 Site Location/Address/City \_\_\_\_\_  
 Property Owner Name \_\_\_\_\_  
 Mailing Address/City/Zip Code \_\_\_\_\_  
 Name of Applicant (if not property owner) \_\_\_\_\_  
 Mailing Address/City/Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ Fax Number \_\_\_\_\_

### PART B: PROPOSED PROJECT

Replacement Manufactured Home Yes  No  Year of Manufactured Home \_\_\_\_\_  
 Gross Floor Area of Proposed Project \_\_\_\_\_ Structure Height \_\_\_\_\_  
 Estimated Value of Proposed Project \_\_\_\_\_ If constructing an addition/improvement to existing structure, what is the assessed value of existing structure? \_\_\_\_\_

### PART C: HEALTH SERVICES SECTION

1. Sewer  or Septic System   
 TO BE COMPLETED IF ON SEPTIC SYSTEM ONLY:  
 Septic System: New  Existing  No. of Bedroom(s)/Den(s) \_\_\_\_\_  
 Indicate who will perform work: Owner  Contractor   
 If contractor, list name and license # \_\_\_\_\_

### PART D: FLOODPLAIN SECTION

1. Will watercourse be altered/relocated as a result of proposed use? Yes  No   
 2. Proposed wash crossing: Bridge  Culvert  Dip  Fill  None   
 3. If alteration or wash crossing, explain on site plan and note if Temporary  or Permanent   
 4. Any washes within 300' of the project? Yes  No

### PART E: HIGHWAY RIGHT-OF-WAY SECTION

1. Are any of the following existing on your property?  
 Electricity  TV Cable  Telephone  Sewer  Gas  Culvert  Driveway   
 2. Installation to property required:  
 Electricity Underground  Overhead  TV Cable Underground  Overhead   
 Telephone  Sewer  Gas  Culvert  Driveway  Water Line   
 Other \_\_\_\_\_

### PART F: CERTIFICATION SIGNATURE

I hereby certify that I am the owner or duly authorized owner's agent and that all information on this application and the attached site plan is accurate. I understand that if any of this information is false, it may be grounds for revocation of this permit. I further certify that I will comply with all County, State and Federal regulations applicable to said property, and **acknowledge that I am not authorized to begin work until I have received a numbered permit.** I FURTHER AUTHORIZE COUNTY EMPLOYEES AND APPROPRIATE REGULATORY AGENCIES TO ENTER ONTO SAID PROPERTY TO MAKE REASONABLE INSPECTIONS FOR COMPLIANCE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR DEPARTMENTAL USE ONLY

Assigned County Address \_\_\_\_\_  
 Building Code  Construction Plans submitted: Yes  No  SV Sub-Watershed   
 Owner Built: Limited  Non Code  Hubbard Zone  Tombstone Aqueduct  BST   
 Growth Area \_\_\_\_\_ Plan Designation \_\_\_\_\_ Tn. \_\_\_\_\_ Rg. \_\_\_\_\_ Sec. \_\_\_\_\_  
 Zoning District \_\_\_\_\_ Map Ref. \_\_\_\_\_ Supervisor District \_\_\_\_\_  
 Flood Zone \_\_\_\_\_ Panel # \_\_\_\_\_ Panel Date \_\_\_\_\_  
 Lot Area \_\_\_\_\_ Setbacks: N \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ W \_\_\_\_\_

### PERMIT PROCESSING INFORMATION

Right-of-Way Rev. By: \_\_\_\_\_ Date \_\_\_\_\_ Permit Required  No   
 Flood Control Rev. By: \_\_\_\_\_ Date \_\_\_\_\_ Permit Required  No   
 Health Services Rev. By: \_\_\_\_\_ Date \_\_\_\_\_ Permit Required  No   
 RAD Rev. By: \_\_\_\_\_ Date \_\_\_\_\_ Review Required  No

Permit Type	Permit No.	Date Received	Fee	Receipt No.	Description
Bldg Code					
Bldg Code					
Bldg Code					
Non-Bldg Code					
Non-Bldg Code					
Manufactured Home/FBB					
Health					
Right-of-Way					
Flood Control					
RAD					
Review (Res/Comm)					
Surcharge/Other (specify)					
Other (specify)					
<b>Total</b>					

Permit approved for issuance by Permit Coordinator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# COCHISE COUNTY COMMUNITY DEVELOPMENT

*"Public Programs...Personal Service"*

## Residential Application

### Applicant's Certification & Acknowledgement

By signing below, I certify that:

1. I am the Owner or authorized Agent of the Owner of the property being developed.
2. I am applying for the meetings/ review(s) indicated below.
3. I have read and understand the information provided in this Application Guide.
4. This application is complete and accurate to the best of my knowledge. Submission of false information may constitute fraud, and may be punishable by fine, imprisonment, or both pursuant to A.R.S. §13-2310.
5. I hereby request all inspections necessary to process this application, and if the permit is issued I request all inspections necessary to monitor progress, and document completion, at all stages of the work related to this permit.

By signing below, I acknowledge that:

6. Incomplete or inaccurate submittals by the Owner, Applicant or any other representative may result in delays, return of submittals, or denial of this application.
7. Overall time frames are 60-business days. If the Applicant agrees to Review Option 2 (see below) the overall time frame is 70-business days.
8. The submittal is subject to an administrative review of 10-business days (5-business days initial review, 5-business days resubmittal review) at which time I will receive written or electronic notice if the application is complete or, in the case of an incomplete application, a list of deficiencies that need to be corrected. An application will not pass the review for administrative completeness until all deficiencies have been corrected.
9. If the County does not issue a written or electronic notice of administrative completeness within the 10-business days, the submittal will be deemed administratively complete and the substantive review process begins.
10. The substantive review process is 50-business days for Option 1, and 60-business days for Option 2. The Applicant must choose one of the following options for the substantive review:

OPTION 1: (  ) A single review option that allows for one comprehensive review and complete comprehensive correction letter requesting information; or

OPTION 2: (  ) A supplemental request option allowing up to 4-subsequent reviews.

# Residential Project Guide

Effective January 1, 2013

## Submittal Review Timelines

Overall review time for Option 1 will be 60-business days.

Overall review time for Option 2 will be 70-business days.

### Administrative Review: 10-business days

1 <sup>st</sup> review	5-business days	Accepted or Notice of deficiencies
2 <sup>nd</sup> review	5-business days	Acceptance or Denial Letter

### Substantive Review Option 1: 1-50-business days

1 <sup>st</sup> review	30-business days	Approved or Correction Letter
2 <sup>nd</sup> review	20-business days	Approved or Denial Letter

### Substantive Review Option 2: 1-60-business days (Subsequent Review Process only available if requested by the Applicant).

1 <sup>st</sup> review	30-business days	Approved or Correction Letter
2 <sup>nd</sup> review	10-business day	Approved or Correction Letter
3 <sup>rd</sup> review	10-business days	Approved or Correction Letter
4 <sup>th</sup> review	10-business days	Approved or Denial Letter

(Business days are defined as complete 8-hour working days.)

**REMINDER:** The project review process and timeframe is suspended when a project triggers the requirement for approval by an Outside Agency, the Board of Adjustment, Planning and Zoning Commission, and/or the Board of Supervisors. If either the Board of Adjustment, Planning and Zoning Commission and/or the Board of Supervisors approves the request contained in the application, then the Community Development Department will resume the project review process. If the Board of Supervisors denies the request, then the Community Development Department will consider the project to be denied.



# COCHISE COUNTY COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

## Building Division Bulletin # 05-001

**Topic:** SOP - Demolition Permits for Buildings or Structures  
**Affected Area:** Countywide  
**Effective Date:** July 1, 2005 – Revised July 2, 2008.

### Background:

Our adopted 2003 International Building and Residential Codes require that a Building Permit be obtained before any Building or Structure is demolished. This would include either complete structures or additions. This would not include work that is removed or demolished as part of an issued Building Permit for remodel work or for the removal / demolition of accessory structures under 120s/f. The concerns that are addressed in the permit process are the existing utility connections, hazards to people and adjoining properties during demolition, and what condition the property is left in after the demolition of the structure is completed.

### Procedure:

- 1) The applicant needs to apply for a standard Building Code Permit with the scope of work being identified as '*Demolition*' and the '*Type of Structure*' to be demolished.
- 2) These additional materials are needed with the application:
  - a) Documentation that the owner or agent has notified all utilities having service connections within the structure such as water, electric, gas, sewer and other connections, and that those utilities have been disconnected.
  - b) Documentation that all Demolition Work will take place within the confines of the property and will not affect any adjoining property owners and / or the public right-a-way. If the work affects adjoining property owners notice needs to be given by the applicant to those property owners.
  - c) Documentation that after the Demolition Work is completed the vacant lot will be filled in and maintained free from all unsafe and hazardous conditions.

- d) Documentation that all waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public right-a-way, and that the waste materials will be disposed of in a proper manner.
  - e) A basic Site Plan showing the location on the property of the structure to be demolished, all buildings that will remain on the property and existing utility locations.
  - f) The *Documentation* required in (a, b, c, d) listed above should be provided on the Planning Department - '*Demolition Permit Addendum Form*'.
- 3) The Arizona Department of Environmental Quality (ADEQ) - 'NESHAP Demolition / Renovation Exemption Form' is required to be filled out and submitted with all demolition applications (Residential and Commercial).
- 4) The Planning Department - *Demolition Permit Addendum Form* and the Utility information will be reviewed for completeness by the Plans Examiner, before permit is issued.
- 5) This Demolition Building Permit is an *Informational Permit* only and doesn't require the standard Building Code Permit Fee.



# COCHISE COUNTY COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

## Request for Demolition - Permit Addendum

For Demolition of All or Part of an Existing Residential or Commercial Structure

### Applicant Information:

Name: \_\_\_\_\_

Company Name (If Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Property Information:

County Address: \_\_\_\_\_

County Tax Parcel Number: \_\_\_\_\_

Building Use: (i.e. residential, retail, etc.): \_\_\_\_\_ Value of Demolition (\$): \_\_\_\_\_

### Steps to obtain a Demolition Permit:

1. Complete Building Permit application and submit site plan: *Applications and Site Plan Submitted:*

The owner or owner's agent must complete this application, including the signatures of the property owner and contractor (if applicable) on page 2, a Building Permit application and submit a site plan showing all buildings on the site and indicating which building(s) on the site are to be demolished.

2. Notify all Utility Companies and Supply Disconnect Letters: *Utility Disconnect Letters Submitted:*

Prior to the actual demolition and building permit issuance, the owner or contractor must make application to have all utility services (gas, electrical, telephone, cable, water, sewer or septic etc.) to the building disconnected and supply documentation.

3. Complete and submit ADQE - NESHAP Exemption Form: *NESHAP Form Submitted:*

The owner or owner's agent must complete the Arizona Department of Environmental Quality (NESHAP) Demolition / Renovation Exemption Form and submit it with this application. The NESHAP regulations are concerned with asbestos containment and cleanup during demolition, and the offsite disposal on waste materials.

*Initials*

**4. Owner / Contractor agreement to Demolition Permit Conditions:** *Agreement to*   
*Conditions:*

The owner or owner's agent / contractor must agree to the following conditions for the issuance of a Demolition Permit:

- A) All Demolition Work must take place within the confines of the property and will not affect any adjoining property owners and / or the public right-a-ways. If the work affects adjoining property owners notice needs to be given by the applicant to those property owners and copies of notice submitted with this application.
- B) All concrete slabs, footings and foundations shall be removed to a minimum of 12 inches below final grade. Basement floor area shall be broken up to allow free vertical drainage. Excavations shall be filled in if new construction does not proceed immediately. When Demolition Work is completed the vacant lot shall be graded and maintained free from all unsafe and hazardous conditions.
- C) All Demolition Work shall be executed in a diligent manner to full completion. If the demolition operation causes excessive dust due to the site or building materials being disturbed, the building and site shall be sufficiently dampened at intervals necessary to prevent as much as possible, airborne debris and dust. Any unsafe conditions during demolition shall be fenced off.
- D) Demolition waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public right-a-ways, and all waste materials shall be disposed of in a proper manner.
- E) Intentional burning is not an approved means of demolition under any condition.

**5. Owner's / Contractor agreement to conditions for Demolition:**

**Property Owner:** I am the property owner of the above described property and certify that the information provided on this form is complete and accurate, and hereby agree to comply with the above-noted requirements and any other applicable Cochise County and State of Arizona codes and regulations and any conditions attached hereto.

\_\_\_\_\_  
Property Owner (print name)

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

**Contractor:** I am the contractor for the above described project and certify that I have entered into an agreement with the property owner to perform such work and that all information provided is complete and accurate. I hereby agree to comply with the above-noted requirements and any other applicable Cochise County and State of Arizona codes or regulations and any conditions attached hereto:

\_\_\_\_\_  
Contractor (print name)

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

# STATE OF ARIZONA

## ASBESTOS NESHAP NOTIFICATION FORMS RENOVATION AND DEMOLITION ACTIVITIES



Arizona Department of Environmental Quality  
Air Quality Compliance Section  
Asbestos NESHAP Program  
1110 West Washington Street  
Phoenix, Arizona 85007  
Telephone: (602) 771-2333 or (602) 771-4553  
Fax: (602) 771-2299  
Toll free in-State: (800)-234-5677 x2333 or x4553  
[www.adeq.az.us/enviro/air/complain/asbestos/index.html](http://www.adeq.az.us/enviro/air/complain/asbestos/index.html)

**NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES**  
**COCHISE County, Arizona - Revised January 2010**  
**National Emission Standards for Hazardous Air Pollutants (NESHAP)**

THIS LINE FOR NESHAP REGULATORY AGENCY USE		U.S. Postal Service Postmark Date:	Commercial Delivery Service Delivery Date:	Other Hand Delivery Date:	ACTS#:	
1. TYPE OF NOTIFICATION: ( ) Original; ( ) Revision 1; ( ) Revision 2; ( ) Revision 3; ( ) Revision 4; ( ) Revision 5; ( ) Cancel						
<b>2a. FACILITY OWNER INFORMATION</b>						
Name of Company or Individual:						
Address:						
City/Community:				State:	Zip:	
Contact Person:			Telephone:	Fax:		
<b>2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:</b>						
Address:						
City:				State:	Zip:	
Contact Person:			Telephone:	Fax:		
<b>2c. DEMOLITION CONTRACTOR/OPERATOR:</b>						
Address:						
City:				State:	Zip:	
Contact Person:			Telephone:	Fax:		
3. TYPE OF OPERATION: ( ) Renovation, ( ) Emergency Renovation, ( ) Demolition, ( ) Ordered Demolition, ( ) Annual Non-scheduled Operations						
4. PROVIDE DATE OF THOROUGH INSPECTION OF FACILITY, OR AFFECTED PART BY AN AHERA (Asbestos Hazard Emergency Response Act) CERTIFIED BUILDING INSPECTOR ]				DATE:		
<b>5. FACILITY DESCRIPTION</b> (Attach site location map for multiple structures at one street address or installation)						
Building Name:			Visible Signage:			
Street Address:			Identifying Features:			
City:		County: COCHISE	State: AZ	Zip:		
City/County Renovation Permit#:			City/County Demolition Permit#:			
Building Size in Floor Area (Sq. Ft.)		Number of Floors Affected:	Age of Facility:			
If Residential, Number of Dwelling Units:		Present Use:	Prior Use:			
6. PROCEDURE, INCLUDING ANALYTICAL METHOD, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND CATEGORY II NONFRIABLE ACM. ( ) Polarized Light Microscopy-PLM; ( ) Point Counting; ( ) Assumed; ( ) Other _____						
NVLAP Laboratory Name _____		Number of Samples _____		Date Analyzed _____		
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141		Amount of RACM to be Removed or Generated*	Amount of Nonfriable ACM to be removed		Amount of Nonfriable ACM not to be removed during demo	
			CAT I	CAT II	CAT I	
On Facility Components; Pipes (Linear Feet)						
On Facility Components; Surface Area (Square Feet)						
Off Facility Components; Volume (Cubic Feet)						
8. DATES FOR ASBESTOS REMOVAL		Start Date:	Completion Date*:	Days of Operations: M T W TH F SA SU		
9. DATES FOR DEMOLITION		Start Date:	Completion Date*:	Hours of Operations:		
Mail/Deliver to:	Copy of Notification to Renovation/Demolition Permitting Agency where Affected Facility is Located:					
Arizona DEQ/AQD Attn: Asbestos Coordinator 1110 W. Washington Phoenix, AZ 85007 602-771-2333	Town of Huachuca Attn: Town Clerk 500 N. Gonzales Blvd. Huachuca City, AZ 85616 520-456-1354	City of Benson Building Dept. Attn: Building Official 120 W. 6 <sup>th</sup> St. Benson, AZ 85602 520-586-2003	City of Bisbee Building Dept. Attn: Building Official 118 Arizona Street Bisbee, AZ 85603 520-432-8015	City of Douglas Community Dev. Attn: Building Official 425 10 <sup>th</sup> Street Douglas, AZ 85807 520-417-7329	City of Wilcox Development Svcs. Attn: Building Official 300 W Rex Allen Dr. Wilcox, AZ 85643 520-384-6419	City of Sierra Vista Community Dev. Attn: Building Administrator 1011 N Coronado Dr. Sierra Vista, AZ 85835 520-452-7019

<b>10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:</b> <input type="checkbox"/> Thermal System Insulation <input type="checkbox"/> Ceiling Texture/Tiles <input type="checkbox"/> Duct/Seam Tape <input type="checkbox"/> Regulated Drywall System <input type="checkbox"/> Asbestos-Containing Roof Removal <input type="checkbox"/> Asbestos Cement Pipe <input type="checkbox"/> Asbestos Cement Shingles <input type="checkbox"/> VAT/Mastic <input type="checkbox"/> Asbestos Cement Siding <input type="checkbox"/> Asbestos Cement Siding ≥5580 sq ft w/rotating blade cut Other, please specify: _____ <b>REMOVAL METHODS:</b> <input type="checkbox"/> Hand/Non-Mechanical Tools <input type="checkbox"/> Mechanical/Power Tools <input type="checkbox"/> Mastic Solvents <input type="checkbox"/> Blast Trac™ Machine Other, please specify: _____			
<b>11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:</b> <input type="checkbox"/> Adequately Wet <input type="checkbox"/> Full Containment <input type="checkbox"/> Critical Barriers <input type="checkbox"/> Negative Air Machines, No. _____ of units to be used <input type="checkbox"/> Glove-Bag <input type="checkbox"/> Leak-Tight Wrap <input type="checkbox"/> 6-mil Bags <input type="checkbox"/> Mini-containment <input type="checkbox"/> Decontamination Unit with Hot/Cold Water and Soap for OSHA Class I work <input type="checkbox"/> Other, Describe _____			
<b>12a. ASBESTOS WASTE TRANSPORTER #1:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>12b. ASBESTOS WASTE TRANSPORTER #2:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>13. ASBESTOS WASTE DISPOSAL SITE:</b>			
Company Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Person: _____	Telephone: _____	Fax: _____	
<b>14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER</b>			
Name: _____		Title: _____	
State or Local Government Agency: _____		Authority: _____	
Date of Order (MM/DD/YY): _____		Date Demolition Ordered to Begin (MM/DD/YY): _____	
<b>15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))</b>			
Date and Hour of Emergency (MM/DD/YY - HH:MM): _____			
Description of the Sudden, Unexpected Event: _____			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____			
<b>16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY I or CATEGORY II NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>			
<input type="checkbox"/> Stop Work <input type="checkbox"/> Notify Owner <input type="checkbox"/> Revise Notification <input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures <input type="checkbox"/> AHERA Certified Contractor/Supervisor on-site			
<b>17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED OR READILY AVAILABLE ON-SITE.</b>			
_____ (Print Name: Owner/Operator)	_____ (Title)	_____ (Signature of Owner/Operator)	_____ (Date)
<b>18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (All areas of Arizona):</b>			
_____ (Print Name of Inspector)	_____ (Training Provider)	_____ (AHERA Certificate Number)	_____ (Expiration Date)
<b>19. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b> Company Name: _____ Rev. Date _____			
_____ (Print Name: Owner/Operator)	_____ (Title)	_____ (Signature of Owner/Operator)	_____ (Date)

References: Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP §61.145(b); Arizona Revised Statutes, Title 49 §§49-421 & 471 et. seq.; and Arizona Administrative Code, Title 18, Chapter 2, Air Pollution Control, Article II, §R18-2-1101.  
 For more information, contact the Asbestos NESHAP Coordinator in Arizona at (800) 234-5677 x2333.

## Instructions for Completing the NESHAP Notification Form

As per Title 40 Code of Federal Regulations Part 61, Subpart M, Asbestos NESHAP Section 61.145(b)(4), the notification form will not be considered complete without this information. The following information is required to be included on notifications submitted, prior to the start of the renovation and/or demolition activity.

- Line 1 Indicate Original or Revised Notification
- Line 2a Facility Owner Information: provide name, address, and telephone number
- Line 2b Asbestos Removal Contractor/Operator: provide name address, and telephone number
- Line 2c Demolition Contractor/Operator: provide name, address, and telephone number
- Line 3 Type of Operation: type of planned work
- Line 5 Facility Description: provide size (square feet), number of floors, age, present and prior use, location, street address; and if appropriate, building number or name, floor number, and room number
- Line 6 Procedure(s), including analytical method(s) employed to detect the presence of Regulated Asbestos Containing Material (RACM), Category I and Category II nonfriable ACM.
- Line 7 List amount of Regulated Asbestos Containing Material (RACM) to be removed or generated.  
List amounts of Category I and Category II nonfriable ACM that will not be removed before demolition.
- Line 8 Start and Completion dates for Asbestos Removal/Renovation  
*\*NOTE: Start date is defined when asbestos containing material(s) are being removed or disturbed.*
- Line 9 Start and Completion dates for Demolition  
*\*NOTE: Start date of demolition is defined when the wrecking or taking out of any load-bearing structural support member of a facility together with any related handling operations or the intentional burning of a facility begins.*
- Line 10 Description of Demolition and/or Renovation Work
- Line 11 Description of Work Practices/Engineering Controls to be used to prevent asbestos emissions to the outside air.
- Line 12(a)(b) Waste Transporter(s): provide name, address, and telephone number
- Line 13 Waste Disposal Site: provide name and location of where generated asbestos containing material will be deposited.
- Line 14 Ordered Demolitions: *\*NOTE: attach copy of the demolition order with the notification*
- Line 15 Emergency Renovations: *\*NOTE: provide all information requested on notification form*
- Line 16 Description of procedures to be followed in the event that unexpected RACM is found or Category I or Category II nonfriable ACM becomes crumbled, pulverized, or reduce to powder.
- Line 17 Signature verifying that at least one on-site trained representative is present at the facility site where the stripping and removal of regulated asbestos containing material is occurring at all times during that stripping and removal. *\*NOTE: the on-site trained representative is equivalent to the 40-hour AHERA Contractor/Supervisor training*
- Line 18 Provide the name and certification of individual(s) that completed the thorough asbestos survey on the affected facility, or if material is assumed to contain asbestos, write "assumed".

## **Asbestos Demolition and Renovation Activities NESHAP Notification Process**

### ***Purpose of Program***

To protect public health from exposure to regulated asbestos-containing material (RACM) during National Emission Standards for Hazardous Air Pollutants (NESHAP) facility renovation and/or demolition activities, asbestos removal, transport and disposal, and closely monitoring those activities for proper notification and asbestos emissions control. Asbestos is a known human carcinogen and is known to cause other respiratory diseases.

### ***What are the requirements?***

Prior to the commencement of demolition or a renovation activity of a regulated facility an Asbestos Hazard Emergency Response Act (AHERA) certified building inspector must thoroughly inspect the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos, including Category I and Category II non-friable asbestos-containing materials.

### ***Notification Time Frame***

An original notification is required to be submitted to the agency 10 working days (counting Monday through Friday) prior to the start of a renovation activity involving the removal or disturbance of threshold amounts of regulated asbestos containing materials. Threshold amounts being:

- 260 linear feet or more on pipes
- 160 square feet or more on other facility components
- 35 cubic feet or more off facility components

A Notification is required to be submitted for all demolition activities, even when no asbestos is present.

### ***Notification Fees***

There are no fees associated with the notification process.

### ***What is considered a Renovation Activity?***

A renovation means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.

### ***What is considered a Demolition Activity?***

A demolition means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

### ***What is considered a regulated facility?***

A facility is any institutional, commercial, public, industrial or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential building having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling unit is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart is not excluded, regardless of its current use or function. Including facility components; any part of a facility including equipment.

### ***What Facilities are exempted?***

A single residential home or structure containing one to four dwelling units. (unless classified as an installation; meaning any building or structure or any group of buildings or structures at a single demolition or renovation site that are under the control of the same owner or operator or owner or operator under common control).

### ***ADEQ Asbestos NESHAP Program Contact***

Arizona Department of Environmental Quality – Air Quality Compliance Section  
Asbestos NESHAP Program

1110 W. Washington Street, Phoenix, Arizona 85007  
(602) 771-2333 or (602) 771-4553 Fax (602) 771-2299

Toll free: (800)-234-5677 Ext. 771-2333 or 771-4553

[www.azdeq.gov/environ/air/asbestos/index.html](http://www.azdeq.gov/environ/air/asbestos/index.html)

Work completed on Arizona Tribal Lands is regulated by EPA Region IX Asbestos NESHAP Program: (415) 972-3989

### ***Statutory Citations***

Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP; Arizona Revised Statutes § 49-421 et. seq. and § 49-471 et. seq.; Arizona Administrative Code R-18-2-1101.