



Florida Department of
Environmental Protection
Division of Air Resource Management

Department of Regulatory and Economic Resources
Environmental Resources Management
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NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY) : ☐ ORIGINAL ☐ REVISED ☐ CANCELLATION ☐ COURTESY

TYPE OF PROJECT (CHECK ONE ONLY) : ☐ DEMOLITION ☐ RENOVATION ☐ ROOFING

IF DEMOLITION, IS IT AN ORDERED DEMOLITION? ☐ YES ☐ NO

IF RENOVATION: IS IT AN EMERGENCY RENOVATION OPERATION? ☐ YES ☐ NO

IS IT A PLANNED RENOVATION OPERATION? ☐ YES ☐ NO

File # _____

Process # _____

I. Facility Name _____

Address _____

City _____ State _____ Zip _____ County _____

Site _____ Consultant Inspecting Site _____

Building Size _____ (Square Feet) # of Floors _____ Building Age in Years _____

Prior Use: ☐ School/College/University ☐ Residence ☐ Small Business Other _____

Present Use: ☐ School/College/University ☐ Residence ☐ Small Business Other _____

II. Facility Owner _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

III. Contractor's Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), F.S.? ☐ YES ☐ NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: _____ Finish: _____ Demo/Renovation (mm/dd/yy) Start: _____ Finish: _____

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down
OTHER: _____			

VI. Procedures for Unexpected RACM: _____

VII. Asbestos Waste Transporter: Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

VIII. Waste Disposal Site: Name _____

Address _____

City _____ State _____ Zip _____

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. _____

Amount of RACM or ACM*

_____ square feet surfacing material _____ square feet cementitious material

_____ linear feet pipe _____ square feet resilient flooring

_____ cubic feet of RACM off facility components _____ square feet asphalt roofing

*Identify and describe surfacing material and other materials as applicable:

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. I have read and understood the additional information provided on the back of this form.

(Print Name of Owner/Operator)

(Signature of Owner/Operator)

(Date)

(Contact phone #)

RER USE ONLY

Postmark/Date Received

ID #

DISCLAIMER

This "NOTICE OF DEMOLITION OR ASBESTOS RENOVATION" is required pursuant to the provisions of 40 CFR 61 Subpart M and Rule 62-257.301, F.A.C. and must be submitted prior to any demolition or regulated asbestos abatement activity. This document is an Asbestos Notification only and is not a permit.

This NOTICE OF DEMOLITION OR ASBESTOS RENOVATION does not constitute a waiver of or approval for any federal, state, county, or local permits that may be required for this facility.

INSTRUCTIONS for COMPLETING NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it ordered by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an emergency renovation operation? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a planned renovation operation, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is only permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.

Notice of demolition (highlighted items cannot be left blank)

- **Type of Notice:**

- Original: for submittals up until the first complete notification that is accepted by the DERM
- Revised: for any revisions after a notification has been accepted by the DERM
- Cancellation: for cancellations prior to the start of the project
- Courtesy: for demolitions on properties not regulated by the NESHAP (e.g., single family residences with no secondary residential structure on the property and not part of a larger project)

- **Type of Project: Demolition**

- Ordered demolition: Check off 'yes' only for demolitions ordered by Miami-Dade County or the municipalities
- Renovation:
 - Emergency renovation: Does not need to be checked off
 - Planned renovation operation: Does not need to be checked off
- File # / process #: if available

- **Section I:**

- Facility name: Can be address if it's a residential structure (e.g., small apartment building)
- Address/city/state/ZIP/County
- Site: Should be a description of the work site (e.g.: SFR, warehouse, Unit X & Y etc.)
- Consultant inspecting site: Name of the consultant that conducted the asbestos survey
- Building size: should be the size of the area being demolished
- # of floors/building age
- Prior use/present use: Should indicate if it has been or is currently used commercially

- **Section II:**

- Facility owner/address/city/state/ZIP/Phone number: All fields should be completed

- **Section III:**

- Contractor's name/phone/address/city/state/ZIP: Can be TBD if not yet decided, but spaces cannot be left blank
- Is the contractor exempt from licensure? :This applies to exterior utility (gas, electricity,...) pipe projects only

- **Section IV:**

- Asbestos removal (mm/dd/yy) start and finish dates: Should be left blank, as this should be reported on a Notice of Renovation
- Demo/Renovation (mm/dd/yy) start and finish dates: The earliest start date would be 14 calendar days (= 10 working days) after receipt of the notification by the DERM.

- Section V:
 - Description of planned demolition work to be performed: Describe the work to be done, the methods to be used and the area to be demolished.
 - Procedures to be used: Check off the procedures to be used or write them in the 'other' section. Demolitions should be done using the wet method unless prior written approval of EPA is obtained.
- Section VI:
 - Procedures for unexpected RACM: This is in case Regulated Asbestos Containing Materials (RACM) are found during the demolition, that were not part of the asbestos survey (for example, materials that were in between walls and therefore not observed by the asbestos consultant). Example of possible answers here are to stop the work and have the materials sampled or stop the work and contact DERM.
- Section VII:
 - Asbestos waste transporter name/phone/address/city/state/ZIP: For demolition projects, this should be the information of the demolition debris hauler. Can be TBD if not yet determined but should not be left blank. Can be the contractor if the same company is hauling the debris.
- Section VIII:
 - Waste disposal site name/address/city/state/ZIP: Location where the demolition debris will be taken to. Can be TBD if not yet determined but should not be left blank.
- Section IX:
 - RACM or ACM: procedures, including analytical methods used to detect presence of RACM/Cat I and II nonfriable ACM: Should list the method used to determine if RACM/ACM was detected. E.g.: Asbestos survey, lab analysis through PLM.
 - Amount of RACM or ACM: Please list the amount of (Regulated) Asbestos Containing Materials that will be left in place during the demolition. E.g., 50 sq. ft. of surfacing material
 - Identify and describe surfacing material and other materials as applicable: Please describe the (R)ACM materials listed above. e.g., 50 sq. ft. of exterior stucco texture.
- Signature:
 - Print name of owner/operator: Can be property owner/operator or contractor conducting the work, or an authorized representative (authorization letter required)
 - Signature of owner/operator: Can be property owner/operator or contractor conducting the work, or an authorized representative (authorization letter required)
 - Date
 - Contact phone #