



NEW STANTON

All Roads Lead Home

Permit Application for Accessory Structures & Misc. Changes to Existing Structures

Application Date _____ Application Number _____

Name of Applicant _____ Phone Number _____

Address _____
Street & Number City State Zip Code

Application is hereby made to:

☐ Use ☐ Erect ☐ Repair ☐ Alter ☐ Extend ☐ Remove ☐ Demolish ☐ Change use of
a structure or land located at _____ Borough of New Stanton for:

Residence ☐ Commercial Business ☐ Accessory Building ☐ Industry ☐ Other ☐
at an estimated cost of \$ _____

Please write description of the project for this property, for which application is made herewith, is submitted:

Area zoned (as of this date) _____ Tax Map No _____

Use for which application is made is: Permitted ☐ Special Exception ☐ Conditional ☐

A plot plan ☐ is attached ☐ is not attached Floor plans ☐ are included ☐ are not

Plans ☐ have ☐ have not been approved by the Pennsylvania Department of Labor

Disposition of Application ☐ Approved ☐ Denied

If denied, state Ordinance number or name, article, section, subsection, paragraph on which denial of application is based.

STATEMENT OF APPLICANT: I do hereby agree to observe and adhere to any and all provisions of the Zoning Ordinance and Building Code of the Borough of New Stanton, Pennsylvania, where applicable under the issuance of this Building or Zoning Permit. And I do further agree that my failure to do so shall constitute a violation of this Permit, which Violation shall cause this Permit to become Null and Void, upon receipt of notification to that effect, in writing, from the Code Enforcement Officer or other Duly Authorized Agent of the Borough of New Stanton, Pennsylvania.

Owner Signature or Agent of Owner

Date Issued ____/____/20____

Permit Fee \$ _____

Payment Received _____
Signature Title

Permit Issued by _____
Signature Title



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Both sides of application to be completed

APPLICANT	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE () _____	
ALTERNATE PHONE () _____	CELL PHONE () _____
FAX () _____	PAGER () _____

OWNER (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE () _____	
ALTERNATE PHONE () _____	CELL PHONE () _____
FAX () _____	PAGER () _____

CONTRACTOR (IF SAME AS APPLICANT CHECK <input type="checkbox"/>)	
NAME _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE () _____	
ALTERNATE PHONE () _____	CELL PHONE () _____
FAX () _____	PAGER () _____

LOCATION	
PROPERTY LOCATED AT _____ CITY _____ ZIP _____	
BETWEEN _____	AND _____
(Cross Street)	(Cross Street)
SUBDIVISION _____	PARCEL # _____ ZONING _____
TAX MAP # 09- _____	SIZE OF LOT _____
DEED BOOK _____	VOLUME _____ OWNED SINCE _____

<u>TYPE OF SEWAGE</u>	<u>TYPE OF WATER</u>
<input type="checkbox"/> ON LOT	<input type="checkbox"/> PRIVATE
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> PUBLIC
<input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> NOT APPLICABLE
<u>SEWAGE VERIFICATION REQUIRED AT TIME OF BUILDING PERMIT ISSUANCE</u>	

PROJECT DESCRIPTION

RESIDENTIAL

- ☐ 01 HOUSE
☐ 02 ADDITION
☐ 03 REMODELING
☐ 04 GARAGE
☐ 05 PORCH, PATIO, DECK
☐ 06 SWIMMING POOL
☐ 07 SHED OR STORAGE

COMMERICAL (BUSINESS)

- ☐ 10 BUILDING
☐ 11 ADDITION
☐ 12 REMODLING

(INDUSTRIAL)

- ☐ 20 BUILDING
☐ 21 ADDITION
☐ 22 REMODELING

OTHER

- ☐ 60 CELL TOWER
☐ 60 TANK
☐ 60 MISC. (DESCRIBE) _____
☐ 60 EXEMPT BUILDING _____
☐ 70 DEMOLITION

COST OF IMPROVEMENT _____

BUILDING MEASUREMENTS

Length _____
 Width _____
 Height _____

SQUARE FOOTAGE OF PROPOSED STRUCTURE

BASEMENT _____
 1ST FLOOR _____
 2ND FLOOR _____
 DECK _____
 GARAGE _____
 OTHER ENCLOSED AREAS _____

TOTAL _____

IN ADDITION TO THIS APPLICATION THE FOLLOWING IS REQUIRED

- ____ PLOT PLAN (must match building plans for proposed structure)
 ____ Two complete sets of building plans
 ____ Copy of Deed for property
 ____ Copy of Workers Compensation Insurance (If applicable)
 ____ PA ONE CALL serial # _____
 (1-800-242-1776)

Building permit fee is to be paid when permit is issued

Applications that are incomplete or that do not contain all
 the requested information will be rejected until the
 requested information or documentation is received.

We require a 24 hr. notice on all inspections.

For an inspection please call (724)493-7793 daytime (724)468-0475 evenings Inspections can only be performed after 5:00 Pm on weekdays and on weekends. Mike Stack Building Inspector

 Signature of Person Completing This Form

DATE ____/____/____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Block _____ Lot _____
Work Site Location _____
Owner in Fee _____
Address _____
Tele. (_____) _____
Contractor _____
Address _____
Tele. (_____) _____ Fax (_____) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)		Initial
<input type="checkbox"/> No Plans Required	<input type="checkbox"/> All			Type:	Failure	Approval		
<input type="checkbox"/>	<input type="checkbox"/>			Footings				
<input type="checkbox"/>	<input type="checkbox"/>			Foundation				
<input type="checkbox"/>	<input type="checkbox"/>			Slab				
<input type="checkbox"/>	<input type="checkbox"/>			Frame				
<input type="checkbox"/>	<input type="checkbox"/>			Barrier-Free				
Joint Plan Review Required:				Insulation				
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator				Finishes				
SUBCODE APPROVAL				Energy				
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA				Mechanical				
Date: _____				TCO				
Approved by: _____				Other				
				Final				
				Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Alteration \$ _____
Height of Structure _____ Ft.			3. Total (1+2) \$ _____
Area — Largest Floor _____ Sq. Ft.			
New Bldg. Area/All Floors _____ Sq. Ft.			
Volume of New Structure _____ Cu. Ft.			
Total Land Area Disturbed _____ Sq. Ft.			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Lead Haz. Abatement
☐ Other
☐ Demolition

Height (exceeds 6') _____ Sq. Ft. _____

FEE (Office Use Only)

Administrative Surcharge \$ _____
Minimum Fee \$ _____
Fee \$ _____
TOTAL FEE \$ _____



NEW STANTON

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Workers' Compensation Insurance-Coverage Information Form (attach to Building Permit Application)

A. Name of Applicant: _____

Applicant or Contractor is a contractor within the meaning of the Pennsylvania Workers' Compensation Law?
_____ Yes _____ No

If the answer is "yes" complete Sections B & D below as appropriate.

If the answer is "no" complete Sections C & D below as appropriate.

B. Insurance Information

Contractor: _____

Name

Federal or State Employer Identification No. _____

Applicant is a qualified self-insurer for workers' compensation _____ Certificate attached

Name of Workers' Compensation Insurer _____

_____ Certificate Attached Policy No. _____ Expiration Date _____

C. Exemption (complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.)

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

_____ Property owner doing own work. If property owner does hire contractor to perform any work pursuant to building permit, contractor must provide proof of workers' compensation insurance.

_____ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance.

_____ Religious exemption under the Workers' Compensation Law. All employees of contractor are exempt from workers' compensation insurance (attach copies of religious exemption letters for all employees).

D. Signatures

Applicant

Municipality of

Address

County of

Subscribed, sworn to and acknowledged before me by the above this

(seal)

_____ day of _____

Notary Public



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U.C.C. REQUIREMENTS FOR DEMOLITION

1. Obtain a Demolition Permit from the Borough Office
2. Provide a copy of the Demolition Contractor Liability Insurance
3. Contact Pennsylvania One Call System, Inc. three (3) working days prior to starting demolition at 1-800-242-1776
4. Provide the Borough Office with a copy of the One Call verification notice.
5. Provide a barrier fence completely around the demolition site. Minimum fence height of 4 feet required. Post **NO TRESSPASSING** signs around the site perimeter.
6. Equipment and Dumpsters **Must** be placed so they do not block Right of Ways or adjoining properties.
7. All construction material **Must** be removed from the site and properly disposed of.
8. Contact this office **Prior** to backfilling to schedule the **required** site inspection. Stone from the foundation may be used as fill; concrete blocks used as fill **Must** be crushed so no hollow cores remain. **Do Not Backfill Without An Inspection.**
9. All utilities **Must** be properly capped at the Lot Line and marked as to type.
10. Final Grading and Seeding; top soil with a minimum depth of 2 inches must be placed across the entire area and the site graded as to prevent the ponding of water or any runoff which may cause damage or a nuisance to the adjoining properties or Right of Ways. The entire area must be seeded with a perennial grass seed, raked under and covered with straw.
11. Contact this office for a Final Inspection. (724-925-9700)
12. Provide a performance bond if required by the municipality.

Name: _____ Date: _____

You CANNOT

demolish any

building for

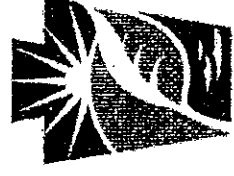
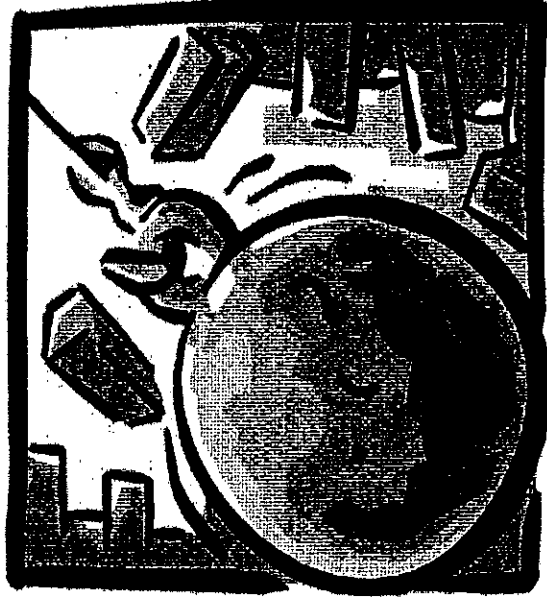
commercial development

without notifying DEP

Get notification form at: www.dep.state.pa.us

Go to: Asbestos

Questions? Call (412 442-4174)



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

Complete all applicable sections of the notification. Fax copies are not accepted, as the notification must be certified with an **original signature**. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. **Do not mail original notifications to the Department of Labor and Industry.**

Special Notations:

- All REVISIONS to a previous notification should be highlighted
- Item #5 - Check the box that best describes the entire project
- Item #6 - The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects
- Item #12 - Please provide the information in the format requested
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

For projects in all areas except Allegheny County and the City of Philadelphia, this Notification and subsequent revisions (one original only, **no copies**) must be submitted to the following address.

Regular Mail
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
PO BOX 8468
HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
400 MARKET STREET
HARRISBURG, PA 17101

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
Attn: Asbestos Abatement Permitting

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597

Allegheny County - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

If this project is regulated by the Asbestos **NESHAP**, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)
US EPA Region III
1650 Arch Street
Philadelphia, PA 19103-2029

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

REMINDER: Notifications must contain original signatures for Items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.

-- SEE REVERSE FOR LIST OF CONTACTS --

STATE AND LOCAL AGENCY CONTACTS

City of Philadelphia

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597
215-685-7576

Allegheny County

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
412-578-8133

All Other Counties

DEP Contact

Bradford, Cameron, Centre, Clearfield, Clinton,
Columbia, Lycoming, Montour, Northumberland,
Potter, Snyder, Sullivan, Tioga, and Union

DEP Northcentral Region
208 West 3rd Street - Suite 101
Williamsport, PA 17701-6448
570-327-3638

Carbon, Lackawanna, Lehigh, Luzerne, Monroe,
Northampton, Pike, Schuylkill, Susquehanna,
Wayne, and Wyoming

DEP Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-0790
570-826-2531

Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson,
Lawrence, McKean, Mercer, Venango, and Warren

DEP Northwest Region
230 Chestnut Street
Meadville, PA 16335-3481
814-332-6940

Adams, Bedford, Berks, Blair, Cumberland, Dauphin,
Franklin, Fulton, Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, and York

DEP Southcentral Region
909 Elmerton Avenue
Harrisburg, PA 17110
717-705-4702

Bucks, Chester, Delaware, and Montgomery

DEP Southeast Region
2 East Main Street
Norristown, PA 19401
484-250-5920

Armstrong, Beaver, Cambria, Fayette, Greene,
Indiana, Somerset, Washington, and Westmoreland

DEP Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222-4745
412-442-4174

Labor & Industry Contact

Department of Labor and Industry
Bureau of Occupational and Industrial Safety
Seventh and Forster Streets - Room 1623
Harrisburg, PA 17120
717-772-3396



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (83 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):		<input type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input type="checkbox"/> Revision (highlight here, and changes)		<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement		<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: _____			
2.	PROJECT LOCATION (check one):			
	<input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____			
3.	For Allegheny County and City of Philadelphia projects only:			
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)			
	B. For City of Philadelphia projects requiring a permit:			
	Asbestos project inspector: _____		Certification #: _____	
	Company name: _____			
	Address: _____			
	City: _____	State: _____	Zip: _____	Phone: _____
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).			
5.	TYPE OF OPERATION (check one):		<input type="checkbox"/> Abatement prior to Demolition	
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION:		Job No.: _____ (see instructions)	
	Facility Name: _____			
	Street/Rural Address: _____			
	City: _____		State: PA	Zip Code: _____
	Present use: _____		Prior use: _____	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Facility size in square feet: _____		# of floors: _____	Age in years: _____
7.	ABATEMENT CONTRACTOR:			
	Company name: _____			
	Allegheny County or City of Philadelphia License # (if applicable): _____			
	Street/Rural/POB Address: _____			
	City: _____	State: _____	Zip: _____	
	Contact: _____	Telephone No. (between 8:00 & 4:30): _____		

8. DEMOLITION CONTRACTOR: Company name: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____						
9. FACILITY OWNER: Owner name: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____						
10. FACILITY INSPECTION (required for renovation and demolition projects): Building Inspector: _____ Certification # _____ Date of inspection: _____ Is any material assumed to be asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____ _____						
<input type="checkbox"/> Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)						
11. IS ANY TYPE OF ASBESTOS PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list in #12						
12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD. PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.						
Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
Code * <u>Type of ACM</u> FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable)		Code ** <u>Units</u> LF - Linear ft. SF - Square ft. CF - Cubic ft.		Code *** <u>Type of abatement</u> REM - Removal CAP - Encapsulation CLO - Enclosure NON - None		Code **** <u>Final Clearance</u> PCM - Phase contrast microscopy TEM - Transmission electron microscopy
13. Is this project regulated by NESHAP <input type="checkbox"/> Yes <input type="checkbox"/> No A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.						

14. OPERATION SCHEDULE(S) (as applicable)			
A. Asbestos abatement: Daily hours of operation: _____ Days of week (check)	Start Date: _____ _____ <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	Completion Date: _____ _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	
B. Demolition: Daily hours of operation: _____ Days of week (check)	Start Date: _____ _____ <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	Completion Date: _____ _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	
C. Renovation: Daily hours of operation: _____ Days of week (check)	Start Date: _____ _____ <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	Completion Date: _____ _____ <input type="checkbox"/> am <input type="checkbox"/> pm to _____ <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	
COMMENTS:			
15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:			
16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
17. WASTE TRANSPORTER(S)			
A. Transporter #1 name: _____			
Street/Rural Address: _____			
City: _____ State: _____ Zip: _____			
Contact: _____ Telephone: _____			
B. Transporter #2 name: _____			
Street/Rural Address: _____			
City: _____ State: _____ Zip: _____			
Contact: _____ Telephone: _____			

18.	WASTE DISPOSAL SITE(S): (any asbestos containing material) <div style="margin-top: 5px;"> A. Landfill name: _____ DEP permit #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div> <div style="margin-top: 10px;"> B. Landfill name: _____ DEP permit #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div>
19.	AIR MONITORING FIRM(S) <div style="margin-top: 5px;"> A. Company name/individual: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div> <div style="margin-top: 10px;"> B. Final clearance firm: (if different than 19A) _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ Final clearance firm was hired by (check one) <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other Explain _____ </div>
20.	AIR SAMPLE FIRM(S) (City of Philadelphia projects only) <div style="margin-top: 5px;"> A. PCM company name/individual: _____ Certification #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div> <div style="margin-top: 10px;"> B. TEM company name: _____ Certification #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div>
21.	FOR EMERGENCY RENOVATIONS: Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Description of the sudden, unexpected event: _____ _____ _____ Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement: _____ _____ _____ _____ _____

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____

Name of individual who ordered: _____ Title: _____

Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____

Contractor (Individual): _____ Certification #: _____

Supervisor: _____ Certification #: _____

Contractor (Firm) _____ Certification #: _____

* * * * * SIGN BOTH STATEMENTS * * * * *

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) 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 ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

(Original Signature of Owner/Operator)_____
(Date)

Printed Name of Owner/Operator: _____ Title: _____

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

(Original Signature of Owner/Operator)_____
(Date)

Printed Name of Owner/Operator: _____ Title: _____

FOR OFFICIAL USE ONLY