



# RENOVATION REGULATION 11, Rule 2

## Notification Form

For Office Use Only

J# \_\_\_\_\_  
I# \_\_\_\_\_

### Site of Renovation

Notification must be submitted with payment

Site Address: \_\_\_\_\_ Cross Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Owner/Operator \_\_\_\_\_ Specific Location: \_\_\_\_\_  
 Check One:  Single-Family Dwelling or 4 units or less  Owner-Occupied Condominium  Multifamily Dwelling  Commercial  Govt Bldg  School

### Contractor/Individual Performing Renovation

Name: Company/Individual \_\_\_\_\_ Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Have you previously submitted notifications for other sites?  Yes  No

### Description of Renovation

Renovation  Planned Renovation (attach work schedule)  Cumulative Renovations (each < 100 sq or lin ft).  
 Material Description: \_\_\_\_\_  
 Method(s) of Removal: \* \_\_\_\_\_  
 Total removal amounts \*\* of **friable asbestos material** only: \_\_\_\_\_ lin ft OR \_\_\_\_\_ sq ft OR \_\_\_\_\_ cu ft

\* If method is Dry Removal, attach a letter to this form requesting conditional approval for dry removal. (Dry removal includes, but is not limited to, shot/bead blasting of mastic.)  
 \*\* Indicate how much of this, if any, involves dry, bead blast, or shot-blast removal: \_\_\_\_\_

**Dates of Renovation:** (Actual dates must be entered, "ASAP" or "Soon" will be rejected.)  
 Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  Weekend Work  Night Work (After 5 PM)

### Waste Transporter Information

Name: \_\_\_\_\_ EPA ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Disposal Site Information

Landfill Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Renovation Only

Date of Emergency: \_\_\_\_\_ Time: \_\_\_\_\_ Description of event and an explanation of how the event has caused unsafe conditions or would cause equipment damage: \_\_\_\_\_  
 \_\_\_\_\_

### Form Preparation Information

This form prepared by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: Company/Individual \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

See Page Two to Complete This Form

## Required Information

**Payment must be received before J# will be assigned.** See Schedule L of Regulation 3 for appropriate fees.

**Payment type:**  Cash  Check  Money Order  Credit/Debit Card\* (American Express, Discover, Visa, MasterCard or Debit Cards) (*payments, other than credit card payment, must be mailed or delivered to: 375 Beale Street, Suite 600., San Francisco, CA 94105*)

*I certify that an individual trained in the provisions of Regulation 11, Rule 2, will be on site during the renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.*

Signature of Contractor or Person Performing Renovation: \_\_\_\_\_

*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 Renovation: \_\_\_\_\_

Form: 1102\_renov04\_061616

## GENERAL INFORMATION

- ◆ This notification form shall be used to notify the BAAQMD of asbestos removal (**renovation**) operation only. Notification is required for each renovation where the amount of Regulated Asbestos-Containing Material (RACM) is greater than or equal to 100 square/linear feet, or for any dry removal. All boxes must be completed. Notifications may be faxed to (415) 749-4658. \*To make credit or debit card payment, go to [www.baaqmd.gov/payments](http://www.baaqmd.gov/payments) to pay on-line. Credit card forms will no longer be accepted. **Job numbers will not be issued until applicable fees are received.**
- ◆ Notification shall be provided to the District at least 10 working days prior to commencement of renovation, or as early as possible prior to commencement of emergency renovation. The notification period will not start until a complete notification is submitted.
- ◆ An Acknowledgement Letter is mailed to the contractor/individual listed within 3-5 days of receipt of a complete notification. This should be checked for accuracy of data.
- ◆ If the job is postponed or cancelled, the District **must** be notified by a revision; the Acknowledgement Letter should be used to fax or mail the revision information. When cancelled, a cancellation fee will apply.
- ◆ For specific "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 by a valid credit card authorization form, or a faxed copy of a valid check or money order.
- ◆ For residential structures with 4 or fewer units, the 10 working day period may be reduced to 72 hours for an additional fee.

## INSTRUCTIONS

- ◆ **SPECIFIC LOCATION OF PROJECT:** Identify where the renovation is taking place if the site contains more than one building, or if the building has multiple floors.
- ◆ **START AND COMPLETION DATES:** The start date is the date on which removal 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.
- ◆ **MATERIAL DESCRIPTION:** Indicate the type of RACM being removed, e.g., pipe lagging, acoustical ceiling, thermal system insulation, asbestos insulated heating ducts.
- ◆ **METHODS OF REMOVAL:** Indicate the methods and procedures you will use to comply with the standards in Reg. 11-2. If the method involves dry removal, follow the instructions on the form.
- ◆ **REMOVAL AMOUNT:** Indicate the amount of RACM to be removed. If the job involves wet and dry removal, indicate the total for both. Indicate how much of this total amount involves dry removal on the line marked \*\*. Non-friable asbestos removal is exempt from notification unless it is made friable during renovation activity.
- ◆ **DISPOSAL SITE INFORMATION:** Indicate the name of the disposal site where the RACM will be deposited.
- ◆ **WASTE TRANSPORTER INFORMATION:** Indicate the name of the transporter of RACM. The State of California considers RACM a hazardous waste, therefore, a contractor is required to obtain an EPA number (ID#) to qualify as a waste hauler.

**Asbestos Operation Fees, Schedule L  
Effective July 1, 2016**

**Commercial, Multi-Family Dwellings (more than 4 units), Government Buildings, &  
Schools**

<i>Square Feet Renovation</i>	<i>Linear Feet Renovation</i>	Fee
100-159 or 35 cu ft	100-259	\$524
160-500 or > 35 cu ft	260-500	\$754
501-1000	501-1000	\$1,098
1001-2500	1001-2500	\$1,620
2501-5000	2501-5000	\$2,309
5001-10000	5001-10000	\$3,169
10001+	10001+	\$4,031
Mastic removal with buffers and solvent		\$372
Cancellation fee		\$248

**Owner-Occupied Condominiums**

<i>Square Feet Renovation</i>	<i>Linear Feet Renovation</i>	Fee
100-500	100-500	\$185
501-1000	501-1000	\$679
1001-2000	1001-2000	\$988
2001+	2001+	\$1,358
Mastic removal with buffers and solvent		\$372
Cancellation fee		\$90

**Single Family Dwellings or Multi-Family Dwellings (Four units or less)**

<i>Square Feet Renovation</i>	<i>Linear Feet Renovation</i>	Fee	72 hour*
100-500	100-500	\$185	\$804
501-1000	501-1000	\$679	\$1,298
1001-2000	1001-2000	\$988	\$1,607
2001+	2001+	\$1,358	\$1,977
Mastic removal with buffers and solvent		\$372	\$991
Cancellation fee		\$90	

\* For single family dwellings or multiple family dwellings with four units or less, the 10 working day period may be expedited to 72 hours if additional fees are paid.