



# 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  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 Card (*Visa, MasterCard Only*)  
(payments, other than credit card payment, must be mailed or delivered to: 939 Ellis St., San Francisco, CA 94109)

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

## 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. Appropriate fee payment must accompany each notification. Notifications may be faxed to (415) 749-4658, but job numbers will not be issued unless accompanied by a valid credit card authorization or until a valid check, cashier's check or money order for applicable fees is 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 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.

**FEES APPLICABLE TO RENOVATION OPERATIONS (FROM REGULATION 3, SCHEDULE L)**

Asbestos removals **conducted at a single family dwelling** or **owner-occupied condominium** are subject to the following fees:

OPERATION FEE:	\$110	for amounts 100 to 500 square feet or linear feet.
	\$408	for amounts 501 square feet or linear feet to 1000 square feet or linear feet.
	\$593	for amounts 1001 square feet or linear feet to 2000 square feet or linear feet.
	\$815	for amounts greater than 2000 square feet or linear feet.
Cancellation:	\$53	of above amounts non-refundable, for notification processing.

Asbestos removals **conducted at a single family dwelling or multiple family dwelling with four or fewer units with 72 hours instead of 10 working days prior notice (excluding emergencies)** are allowed upon payment of the following **additional** fee:

OPERATION FEE: \$371

Asbestos removals, **other than those conducted at single-family dwellings** or **owner-occupied condominiums**, are subject to the following fees:

OPERATION FEE:	\$314	for amounts 100 to 159 square feet or 100 to 259 linear feet or up to 35 cubic feet.
	\$453	for amounts 160 square feet or 260 linear feet to 500 square or linear feet or greater than 35 cubic feet.
	\$659	for amounts 501 square feet or linear feet to 1000 square feet or linear feet.
	\$972	for amounts 1001 square feet or linear feet to 2500 square feet or linear feet.
	\$1386	for amounts 2501 square feet or linear feet to 5000 square feet or linear feet.
	\$1903	for amounts 5001 square feet or linear feet to 10000 square feet or linear feet.
	\$2421	for amounts greater than 10000 square feet or linear feet.
Cancellation:	\$149	of above amounts non-refundable, for notification processing.

Floor mastic removal using mechanical buffers and solvent is subject to the following fee:

OPERATION FEE: \$223 for 100 square feet or more

Cancellation: \$53 or \$149 of above amount non-refundable for notification processing

# CREDIT CARD PAYMENT FORM

(Visa and Mastercard ONLY)

**for Demolition and Asbestos Job Notifications Use Only**

*For multiple notifications, please use a separate form for each job*

Refer to **Regulation 3, Schedule L** for Fees

Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Project Description:**

*Demolition*      \_\_\_\_\_      *Amount Paid*      \$ \_\_\_\_\_

*Renovation*      \_\_\_\_\_      *Amount Paid*      \$ \_\_\_\_\_

**Removal Amount (of regulated asbestos):**

\_\_\_\_\_ lin ft      \_\_\_\_\_ sq ft      \_\_\_\_\_ cu ft

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**FOR ADMIN USE ONLY:**

Authorization # \_\_\_\_\_  
Date \_\_\_\_\_

Invoice # \_\_\_\_\_  
Job # \_\_\_\_\_

**PAYMENT TYPE:**

Master Card

VISA

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Name \_\_\_\_\_

Company Name \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV2 \_\_\_\_\_ 3 digit code on reverse side of card

Billing Address Zip Code \_\_\_\_\_