

**South Coast Air Quality Management District ([www.aqmd.gov](http://www.aqmd.gov))**

21865 Copley Drive, Diamond Bar, CA 91765-4182 Phone: (909)396-2336

**Rule 1403 Form****Notification of Demolition or Asbestos Removal**<sup>1</sup> Fax these type of Notification Forms to (909)396-3342 and mail the originals within 48 hrs

**Mail Form and Fee To:**  
 SCAQMD  
 Asbestos Notification File # 55641  
 Los Angeles, CA 90074-5641

<b>Project Type</b>	DEMOLITION (Fire Training)	DEMOLITION (Renovation)	ASBESTOS REMOVAL (Renovation)	PLANNED RENO (Annual)	<sup>1</sup> PROCEDURE 4 PLAN	<sup>1</sup> PROCEDURE 5 PLAN	<b>Project Urgency</b>	EMERGENCY	ORDERED
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**Notification Type** ORIGINAL <sup>1</sup>CANCELLATION <sup>1</sup>REVISION AMOUNT <sup>1</sup>REVISION DATES <sup>1</sup>REVISION OTHER

**Contractor Information:** Notifications should be submitted by the contractor performing the project

CSLB License _____	Cal. OSHA REG _____	AQMD ID _____	CHECK _____	FEE _____	DATE _____	PROJECT # _____
Company Name _____			List Site Supervisor(s) _____			Phone _____
Address _____						
City _____		State _____	Zip _____			
Completed by _____		Phone _____				

**Site Information:** Copies of this notification and the CAC asbestos survey report must be kept at the worksite during this project

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_ Cross Street \_\_\_\_\_

Site City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Site Owner \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe Work \_\_\_\_\_

Describe Work Location (s) \_\_\_\_\_

Project Work Shift Day Swing Night

<sup>2</sup> Number of Floors \_\_\_\_\_ Building Age (Years) \_\_\_\_\_ Number of Buildings or Dwelling Units \_\_\_\_\_

**Building Prior/ Present Use** SCHOOL HOSPITAL CONDO/APT PUBLIC BLDG. INDUSTRIAL COMMERCIAL OFFICE UNI/COLLEGE HOUSE SHIP OTHER \_\_\_\_\_

**Required Building Information**

ASBESTOS SURVEY?	ASBESTOS FOUND?	ASBESTOS REMOVED?	BUILDING TO BE DEMOLISHED?
YES NO	YES NO	YES NO	YES NO

**Asbestos Information:** Do not provide this information in demolition notifications, see pg 2

<b>Amount of Each Type of Asbestos in sq ft</b>	ACOUSTIC CEILING	FRIABLE LINOLEUM	INSULATION	CLASS I FIRE PROOFING	DUCTING	CLASS II STUCCO	<sup>2</sup> TOTAL AMOUNT MASTIC	FLOOR TILES (VAT)
	DRYWALL	PLASTER	TRANSITE	ROOFING	OTHER	PLEASE DESCRIBE OTHER TYPE OF ASBESTOS: _____		

**Asbestos Removal From** SURFACES PIPES COMPONENTS

**Asbestos Detection Procedures:** Check the procedures and analytical methods used to determine the presence of asbestos in the building. See [Survey Checklist](#)

SURVEY BULK SAMPLING INSPECTION CAC ASSUMED AS ASBESTOS-PACM PLM PCM TEM

**Controls:** Check the combination of Rule 1403 procedures used to control asbestos emissions. (Procedure 4 and 5 submit plans for AQMD prior approval)

PROCEDURE NUMBER 1 2 3 4 5

**Emergency Asbestos Removal:** Check the sudden unexpected event and attach a letter from the person affected by the emergency explaining how this event caused unsafe conditions, equipment damage or unreasonable financial burden. For disturbed/damaged asbestos materials see [Procedure 5 Guidelines](#).

FIRE FLOOD WATER DAMAGE EARTHQUAKE NUISANCE VANDALISM HEALTH/SAFETY FINANCIAL BURDEN EQUIPMENT DAMAGE OTHER

Name of Person Declaring/ Authorizing the Emergency \_\_\_\_\_ Phone \_\_\_\_\_ Date of Emergency \_\_\_\_\_ Hour of Emergency \_\_\_\_\_

<b>AQMD USE ONLY:</b>	SCREENED BY	RECEIVED	POSTMARKED	ENTERED BY	NOTIFICATION #
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**Demolition Information:** All asbestos containing materials must be removed *prior* to any demolition activity

Asbestos Removal Company Name \_\_\_\_\_ Date of Asbestos Removal \_\_\_\_\_

Check work practices to prevent, suppress and contain dust, and dust controls to be use at the demolition site  
 SPRAY WATER EXIT GRATES TARP TRUCKS/BINS FENCE SCREENS STONE TRUCK PADS TIRE WASHING SOIL STABILIZERS OTHER \_\_\_\_\_

**Contingency Demolition Plan:** Check actions to be followed if unexpected asbestos is found during demolition or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder. Disturbed/Damaged ACM requires a Procedure 5 Plan Approval prior to clean-up ( See [Procedure 5 Guidelines](#))

STOP WORK NOTIFY OWNER SECURE STABILIZE POST SIGNS ISOLATE WORK AREA SURVEY CHARACTERIZE WASTE OTHER \_\_\_\_\_

**Ordered Demolition:** Attach a copy of the agency order

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Order \_\_\_\_\_  
 Authorizing Person \_\_\_\_\_ Title \_\_\_\_\_ Date Ordered to Begin \_\_\_\_\_

**Waste Information**

WASTE TRANSPORTER #1 \_\_\_\_\_ WASTE STORAGE SITE \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WASTE TRANSPORTER #2 \_\_\_\_\_ LANDFILL \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor Certification:** All contractors or owner/operator submitting this notification must sign this form

I certify that an individual trained in the provisions of regulations AQMD [Rule 1403](#) and the [Asbestos NESHAP Title 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 hereby certify that all of the information contained herein and information submitted with this notification is true and correct.

Company Name \_\_\_\_\_ Title of Owner/Operator \_\_\_\_\_  
 Print Name of Owner/Operator \_\_\_\_\_ Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

**Notification Fee:** No notifications shall be considered received pursuant to [Rule 1403](#), unless it is accompanied by the required payment ([Rule 301](#), Table VI). Please make check payable to "SCAQMD". Fees are per notification and vary according to the <sup>2</sup>**TOTAL AMOUNT** of asbestos removed or the demolition <sup>2</sup>**BUILDING SIZE**. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See [Fee Information](#))

Project Size Fee: _____		
Additional Fee: _____		
Total Fee Due: _____		

**Attention**

**Keep Three (3) Copies of This Notification Form** for your records, **to post at the worksite**, and to obtain a city demolition permit. See [California Health and Safety Code 19827.5](#) that requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Forms, instructions and [Rule 1403](#) can be obtained from the AQMD website at <http://www.aqmd.gov>. Please mail this signed original notification form, fee, and any attachments to SCAQMD Asbestos Notification File # 55641 Los Angeles, CA 90074-5641. Mailing saves time, money and reduces traffic and air pollution.

**Project #** \_\_\_\_\_