

Project # \_\_\_\_\_  
(DAQ use)



CLARK COUNTY • DEPARTMENT OF AIR QUALITY

4701 W. Russell Rd., Suite 200 • 2<sup>nd</sup> Floor • Las Vegas, NV 89118-2231  
(702) 455-5942 • Fax (702) 383-9994

**Demolition Notification Form**

**GENERAL INSTRUCTIONS:** This form is to be completed and submitted before a building or structure is to be demolished. **NOTE:** If the building or structure contains friable asbestos-containing materials, the NESHAP Notification of Asbestos Abatement Form (ASB01) must be completed and submitted to the DAQ.

**This form will not be accepted for reporting the removal or encapsulation of friable asbestos-containing materials from buildings or structures scheduled for demolition.**

This form is to be received by the DAQ no less than 10 working days before the demolition project is scheduled to start. Any notification that is incomplete or any notification indicating site activities to be in violation of applicable regulations will be considered an invalid notification.

**Separate notifications** must be provided for each building or other individual facility where demolition of said building or facility is to be demolished.

Under most circumstances, the removal of Category I non-friable asbestos-containing materials will not be required prior to demolition unless the building is to be burned or the materials are in poor condition or will be handled in a manner that renders them friable. Category II non-friable asbestos-containing materials must be removed prior to demolition if the materials would be subject to crushing, crumbling, or pulverizing during the process of demolition of the building or structure.

Submit the **original, signed and completed** form to the address listed above (attn: Asbestos Program).

**PART A AUTHENTICATION**

I hereby certify that to the best of my knowledge and understanding, the information provided is complete, true and correct.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PART B PROJECT DESCRIPTION**

Building/Structure Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax #: \_\_\_\_\_

Building/Structure Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present use: \_\_\_\_\_ Age of Building: \_\_\_\_\_

Total Floor Space (sf): \_\_\_\_\_ Number of Floors: \_\_\_\_\_

Scheduled Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Description of how building will be demolished:

**PART C INSPECTION INFORMATION**

Was an inspection for asbestos conducted for this project?  Yes  No  
Inspector Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Accreditation by: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Provide method used to detect the presence of asbestos material.

**PART D DEMOLITION CONTRACTOR INFORMATION**

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Procedures to be used if unexpected asbestos is discovered during demolition:

**PART E IDENTIFIED ASBESTOS CONTAINING MATERIALS (remaining in building during demo)**

Non-friable Category I: \_\_\_\_\_ sq. ft. \_\_\_\_\_ ln. ft. \_\_\_\_\_ cu. ft.  
Non-friable Category II: \_\_\_\_\_ sq. ft. \_\_\_\_\_ ln. ft. \_\_\_\_\_ cu. ft.  
If Category II asbestos containing material is present, briefly state the work practices intended to ensure these materials do not become friable (i.e. crushed, crumbled or pulverized).

Is the concrete going to be recycled?  Yes  No  
Note: All asbestos containing materials must be removed prior to being recycled.  
Where will the concrete be recycled? \_\_\_\_\_  
What is the site's DAQ permit number? \_\_\_\_\_

Is the building or structure to be burned?  Yes  No  
Note: All asbestos containing materials must be removed prior to burning.  
Was the demolition ordered by a Local Government because the structure is structurally unsound and in danger of imminent collapse?  Yes  No  
If yes, order issued by date: \_\_\_\_\_  
Note: Attach a copy of the order.

**PART F BUILDING/STRUCTURE WASTE DISPOSAL INFORMATION**

Disposal Site: \_\_\_\_\_  
Location: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Waste Transporter: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_