

☐ **EMERGENCY WAIVER REQUEST** Approved

by: _____

Date: _____



Department Of
Labor And Industry

Accounting/Finance Use Only

FINANCE ID: _____

DLI PERMIT NUMBER: _____

(If amended, indicate the original permit number)

PERMIT APPLICATION AND NOTIFICATION FOR ASBESTOS REMOVAL AND DEMOLITION

Section 1 - Type of Notification (Check the box that indicates the type of notice you are submitting)

☐ Original ☐ Amendment/Revision ☐ Cancellation ☐ Blanket ☐ Phased

Section 2 - Type of Operation (Check the box that indicates the type operation you will be performing)

☐ Asbestos Removal ☐ Emergency Asbestos Removal ☐ Asbestos Removal & Demolition ☐ Demolition ☐ Encapsulation

Section 3 – Facility Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone #: _____

Section 4 – Asbestos Removal Contractor Information (complete ALL of Section 4, if this is a Removal/Abatement Operation)

Name: _____

License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone #: _____

Section 5 - Demolition Contractor Information (complete ALL of Section 5, if this is a Demolition Operation)

Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone #: _____

Section 6 - Facility Information

Building Name: _____

Address: _____

City: _____ State: **VA** Zip: _____

Site Location: _____ Building Size: _____ # of Floors: _____ Age in Years: _____
(crawlspc, room#, etc)

Present Use:

☐ Bridge ☐ Military/ Federal ☐ School/College
☐ Commercial ☐ Office ☐ Ship/Maritime
☐ Church/Place of Worship ☐ Public Building ☐ Vacant
☐ Industrial/Manufacturing ☐ Residential ☐ Other: _____

Prior Use:

☐ Bridge ☐ Military/ Federal ☐ School/College
☐ Commercial ☐ Office ☐ Ship/Maritime
☐ Church/Place of Worship ☐ Public Building ☐ Vacant
☐ Industrial/Manufacturing ☐ Residential ☐ Other: _____

Section 7- Work Schedules

☐ Check if this section is being revised from a previous submittal

Removal/Abatement (Submit notification 20 calendar days prior to start)

Start: _____ Finish: _____

Demolition (Submit notification 10 working days prior to start)

Start: _____ Finish: _____

Days of Operation: ☐ Mon.-Fri. ☐ Sat.- Sun.

Other: ☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Hours of Operation Start) _____ AM

Hours of Operation(Finish) _____ PM

Comments: _____

IS ASBESTOS PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be removed prior to demolition						
Section 8 - ACM To Be Removed <input type="checkbox"/> Check if this section is being revised from a previous submittal						
Indicate the amount of ACM (Asbestos Containing Material) to be removed, encapsulated, enclosed, etc.		Indicate the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that will not be removed prior to demolition. (indicate whether in ft, sq ft, or cu ft.)				
Description	Amount	Description	Amount	Units		
Pipe (linear feet)		Category I				
Surface Area (square feet)		Category II				
Facility Component (cubic feet)						
Section 9 - Work Procedures <input type="checkbox"/> Check if this section is being revised from a previous submittal						
Procedure, including analytical method, if appropriate, used to detect the presence of asbestos: <input type="checkbox"/> PLM <input type="checkbox"/> TEM <input type="checkbox"/> Presumed ACM						
Inspector: _____ License#: _____						
Asbestos Removal or Demolition Work Practices to be Used (Check all that apply) :						
<table border="0" style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Asbestos Removal <input type="checkbox"/> Containment <input type="checkbox"/> Remove Intact <input type="checkbox"/> Wet Methods <input type="checkbox"/> Rotating Blade Roof Cutter <input type="checkbox"/> Negative Pressure <input type="checkbox"/> Mechanical Chipping <input type="checkbox"/> Glove Bag <input type="checkbox"/> Component Removal <input type="checkbox"/> Other - Description of work practices and engineering controls to be used to prevent emissions of asbestos if procedures other than approved methods will be used: _____ </td> <td style="width: 50%; vertical-align: top;"> Demolition <input type="checkbox"/> Bulldozer/Loader <input type="checkbox"/> Wrecking Ball <input type="checkbox"/> Hand/Manual Methods <input type="checkbox"/> Implode/Explode <input type="checkbox"/> Live Burn Training <input type="checkbox"/> Other </td> </tr> </table>					Asbestos Removal <input type="checkbox"/> Containment <input type="checkbox"/> Remove Intact <input type="checkbox"/> Wet Methods <input type="checkbox"/> Rotating Blade Roof Cutter <input type="checkbox"/> Negative Pressure <input type="checkbox"/> Mechanical Chipping <input type="checkbox"/> Glove Bag <input type="checkbox"/> Component Removal <input type="checkbox"/> Other - Description of work practices and engineering controls to be used to prevent emissions of asbestos if procedures other than approved methods will be used: _____	Demolition <input type="checkbox"/> Bulldozer/Loader <input type="checkbox"/> Wrecking Ball <input type="checkbox"/> Hand/Manual Methods <input type="checkbox"/> Implode/Explode <input type="checkbox"/> Live Burn Training <input type="checkbox"/> Other
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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: _____						
Section 10 - Emergency Waiver Request						
Check the Emergency Waiver Request box on page 1 and attach a letter from the facility owner explaining the nature of the emergency.						
Date and Hour of Emergency: _____ Time: _____						
Description of Sudden, unexpected event: _____						
Explanation of how the event caused unsafe conditions or would cause equipment damage: _____						
Section 11 - Demolition Ordered by A Government Agency						
Name: _____		Title: _____				
Authority: _____						
Date Ordered: _____		Date Demolition Ordered to Begin: _____				
Section 12 -Transporters and Waste Disposal Site <input type="checkbox"/> Check if this section is being revised from a previous submittal						
Transporter #1:						
Address: _____						
City: _____	State: _____	Zip: _____				
Contact: _____		Telephone: _____				
Transporter #2:						
Address: _____						
City: _____	State: _____	Zip: _____				
Contact: _____		Telephone: _____				
Waste Disposal Site:						
Address: _____						
City: _____	State: _____	Zip: _____				
Contact: _____	Telephone: _____	Landfill permit#: _____				

Section 13 - Fees

The asbestos project permit fee, when applicable, **MUST** be submitted with the completed project notification form. The fee shall be in accordance with the following schedule unless a blanket notification (as described below) is granted. **If the amount of the asbestos is reported in both linear feet and square feet the amounts will be added and treated as if the total were all in square feet.**

The asbestos project permit fee may be paid by check, money order, or credit card (**VISA** and **MASTERCARD** only). Make checks payable to the **TREASURER OF VIRGINIA**. If payment is made by credit card, complete the Credit Card Authorization Form and submit with the application.

☐ \$50 - 10 linear feet or 10 square feet up to and including 260 linear feet or 160 square feet

☐ \$160 - 261 linear feet or 161 square feet up to and including 2600 linear feet 1600 square feet

☐ \$470 - 2601 linear feet or 1601 square feet or more.

☐ \$15 - amended notification

☐ Blanket notification - 0.5% of the contract price or \$470 whichever is greater. A blanket notification, valid for a period of one year, may be granted to a contractor who enters into a contract for asbestos removal or encapsulation on a specific site which is expected to last one year. Include of copy of the contract with the notification. Contract price \$ _____ X .005 (.5%) = \$ _____.

☐ \$0 –Residential buildings with four or fewer units and are currently in use or intended for use only for residential purposes are exempt from asbestos project permit fees.

☐ \$0 – An asbestos project permit fee is not required for asbestos removal at Federal Government properties, military installations, ships, maritime and demolition operations.

Enter the total fee due for the project: \$ _____

Section 14 - Certification

☐ **Check if this section is being revised from a previous submittal**

I certify that an individual trained in the provisions of the NESHAP regulations will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available at the project site for inspection. (40 CFR Part 61, Subpart M, required after November 20, 1991)

Supervisor:	License #:
Project Monitor:	License #:
Project Designer:	License #:
Laboratory:	License #:

I certify that the information submitted is accurate to the best of my knowledge and that accredited persons are being used on this project.

Name: _____ Title: _____

Signature: _____ Date: _____

Please make sure that all required fields have been completed. Incomplete notifications will not be processed.

Section 15-Submission Address notifications as described below:

Original notifications must be sent by FAX, certified mail, or hand delivered to the department at the address below.

Virginia Department of Labor & Industry
 Attention: Accounting/Finance
 6606 West Broad Street
 Richmond, VA 23230
 FAX (804) 371-7634

For additional information concerning the completion of this form, please contact the Virginia Department of Labor and Industry Lead and Asbestos Program at (804) 786-9865 or visit our web site at https://www.doli.virginia.gov/asbestos_lead_demolition_notification/.



Commonwealth of Virginia



Virginia Department of Labor and Industry

CREDIT CARD AUTHORIZATION FORM

This information is confidential. This form will only be kept by the Department of Labor and Industry Finance Department. Please print, complete and submit by FAX, certified mail, or hand delivery to the Department of Labor and Industry, Attention: Accounting Finance, 6606 West Broad Street, Richmond, VA, 23230, Fax (804) 371-763. Do not attempt to email any form. Incomplete forms may be returned for completion, which will delay processing. **(Please Print Legibly)**

Company Name: _____

Federal Employer Identification Number: _____

Name Listed on Credit Card: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Daytime Phone Number: () _____ - _____

Reference/Invoice/Inspection Number (if applicable) _____ (9 digits)

Credit Card Type: _____ Visa _____ MasterCard (Only Check One)

Credit Card # _____

Expiration Date: _____ / _____ (Month/Year) Payment Amount: _____

Cardholder Signature _____ Date: _____

I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize the Department of Labor and Industry to process payment for all charges as indicated above. If additional charges are going to be authorized, a new form will have to be completed.

Mail or Fax Completed Form to:

Department of Labor and Industry
Attention: Accounting / Finance
Fax: (804) 371-7634

6606 West Broad Street
Richmond, VA 23230
Payment Questions: (804) 786-6346

FINANCE USE ONLY

PROGRAM:

☐ ASBESTOS/LEAD
☐ BOILER
☐ LABOR LAW
☐ APPRENTICESHIP
☐ CONFERENCE
☐ VOSH
☐ FOIA
☐ ADMINISTRATION
☐ OTHER

FINANCE ID #

DATE: _____

PROCESSED BY: _____