

**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: \_\_\_\_\_  
(crawl space, 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?**  Yes  No  To be removed prior to demolition

**Section 8 - ACM To Be Removed**  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**  Check if this section is being revised from a previous submittal

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos:  PLM  TEM  Presumed ACM  
 Inspector: \_\_\_\_\_ License#: \_\_\_\_\_

Asbestos Removal or Demolition Work Practices to be Used (Check all that apply) :

Asbestos Removal		Demolition	
<input type="checkbox"/> Containment	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer/Loader	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Methods	<input type="checkbox"/> Rotating Blade Roof Cutter	<input type="checkbox"/> Hand/Manual Methods	<input type="checkbox"/> Implode/Explode
<input type="checkbox"/> Negative Pressure	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Live Burn Training	
<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Component Removal	<input type="checkbox"/> Other	
<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: _____			

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 provide an explanation of the nature of the emergency below.

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**  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/](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: \_\_\_\_\_