



## Mojave Desert Air Quality Management District

14306 Park Avenue, Victorville, CA 92392-2310

760.245.1661 • fax 760.245.2699

Visit our web site: <http://www.mdaqmd.ca.gov>

Brad Poiriez, Executive Director

February 16, 2017

### City of Adelanto

Department of Building and Safety

Attention: Nyeka or Greg

11600 Air Expressway

Adelanto, CA 92301

RE: MDAQMD Forms

This letter serves as a friendly reminder that as part of your permitting process, certain forms are required to be submitted to, and reviewed by the Mojave Desert Air Quality Management District prior to your final approval

### Certificate of Occupancy/Building Permit

The Mojave Desert Air Quality Management District (District) requests that all applicants complete and submit the included *Certificate of Occupancy/Building Permit* to the District for verification prior to approving your applicant's permit or project. This form will help to determine whether or not a facility may require an air quality permit based on the potential to emit hazardous air pollutants. This screening process will also help to determine whether or not a public notice will be required for operations that are within 1000 feet of a school (§42301.6).

Pursuant to Government Code, § 65850.2 - the owner or authorized agent must certify whether or not the proposed project will have more than a threshold quantity of a regulated substance in a process, or will contain a source, or modified source of hazardous air emissions. A city or county shall not find an application complete (§ 65943) or approve a development project or a building permit for a project without a completed *Certificate of Occupancy/Building Permit* from the District.

### Demolition/Renovation

In the event of receiving an application for a demolition permit, the District requests that the included *Demolition/Renovation Checklist* is completed prior to your agency's permit approval to determine whether or not a *Demolition/Renovation Notice* must be first submitted to, and approved by the District (§ 65943).

Pursuant to Government Code, §19827.5 - a demolition permit shall not be issued by any city or county to any building or other structure unless the permit applicant provides a copy of each written asbestos notification or is otherwise able to prove in writing that the notification is not applicable. Exception

## INSTRUCTIONS FOR THE NOTIFICATION OF DEMOLITION/RENOVATION FORM

**NOTIFICATION TYPE:** Check ORIGINAL for first time notification. Check REVISED to change the removal or project schedule dates (Revisions are required for change of starting or completion date), or to change any other information in the notification. Revision of site location *requires a new notification*. CANCELLATION cancels a prior notification.

**FACILITY INFORMATION:** Name and address of the site legal owner, and name and telephone number of a contact person.

**CONTRACTOR INFORMATION:** Notifications should be filled and submitted by the contractor performing the actual removal or demolition. Each type of job, removal or demolition, requires a separate notification unless the same contractor is doing both jobs. Provide your California Contractor State License Board (CSLB) number.

**PROJECT TYPE:** Check a project description. For annual notifications and progress reports check PLANNED RENOVATIONS.

**REQUIRED BUILDING INFORMATION:** Circle Y or N answers for each question. *Surveys are required prior to renovation and demolition.* Asbestos must be removed prior to activities that may disturb it and/or prior to demolition.

**FACILITY DESCRIPTION:** Provide detailed information about the facility site and/or building(s) where the asbestos removal or demolition is to occur. DESCRIBE WORK LOCATION by providing the specific work areas within the facility or building. Example: *main lobby, Monroe Hall, kitchen of Bldg. #2, etc.*

**\*ASBESTOS DETECTION PROCEDURES:** Describe the methods and procedures used to determine whether asbestos is present at the facility, including a description of the analytical methods used.

**\*ASBESTOS AMOUNT TO BE REMOVED:** Enter the amount (in linear feet or square feet) in the boxes labeled Friable, Class I, and Class II, and add the row to calculate the TOTAL REMOVED. Fee varies according to the total asbestos amount removed. To convert linear feet to square feet multiply 3.14 times the pipe diameter times the pipe length, all in feet.

**PROJECT DATES:** The actual start and end dates of the Asbestos Removal or Demolition project. This includes set-up prior to removal. Changes of Renovation or Demolition project dates require a Revision Notification.

**\*PLANNED WORK:** Detailed description of planned demo/reno work and methods to be used.

**\*CONTROLS:** Describe the asbestos work practices and controls to be used.

**\*WASTE TRANSPORTER:** Name the company transporting the asbestos waste to a landfill or any off-site storage. **WASTE DISPOSAL SITE:** Name and address of the landfill where the waste will be sent. This includes demolition construction waste. *If the asbestos is not sent directly to a landfill after removal, give the interim storage site information.*

**ORDERED DEMOLITION:** Ordered Demolitions are legal notices issued by government agencies to demolish a facility by a given date. Send a copy of the order with the notification.

**\*EMERGENCY REMOVAL:** Give name and phone number of a person authorizing the emergency, and explain reasons.

**CONTINGENCY PLAN:** list actions to be followed if unexpected asbestos is found or non friable asbestos is rendered friable. Example: Halt work, contact proper authorities.

**TRAINING AND INFORMATION CERTIFICATION:** Use a "wet" or stamp signature to confirm that you provided the required asbestos and regulatory training to the persons at the work site, and that the information given in the notification form is complete and accurate. *The contractor doing the work must sign notifications.*

\*Asterisked information is required for asbestos removal notifications. Demolition notifications do not require this information.

**KEEP A COPY OF YOUR NOTIFICATION. STATE LAW REQUIRED THAT YOU PROVIDE A COPY OF THE DEMOLITION NOTIFICATION TO BUILDING AND SAFETY BEFORE ISSUANCE OF A DEMOLITION PERMIT. HEALTH AND SAFETY CODE §19827.5.**

# DEMOLITION/RENOVATION PERMIT ISSUANCE CHECKLIST / QUESTIONNAIRE

(Health and Safety Code §19827.5)

Use of this checklist is to determine whether an application for a Demolition/Renovation Permit requires the completion and submission of a *Notification of Demolition/Renovation* form (and applicable fees) to the Mojave Desert Air Quality Management District (MDAQMD) prior to permit issuance. If a *Demo/Reno* form is NOT required, then the applicant and permitting agency with the provisions of Health & Safety Code §19827.5 should retain this form with the permit application to verify compliance.

*Will the demolition or renovation permit applied for involve (answer both):*

- 1 Yes  No  Any renovation work that involves the removal or disturbing of any material containing more than 1 percent Asbestos and: at least 260 linear feet on pipes or at least 160 square feet on other facility components. Residential buildings having four or fewer dwelling units are exempt.
  
- 2 Yes  No  A complete building demolition, or a partial demolition which includes structural load bearing members (Wall or structural members), *including demolition of buildings which do not contain asbestos*. Residential buildings having four or fewer dwelling units are exempt. All demolitions by intentional burning are regulated under the NESHAPS.

**NOTE:** If yes is marked for numbers one or two, the applicant **MUST** submit a copy of the MDAQMD *Notification of Demolition/Renovation* form and applicable fees **PRIOR** to the issuance of a demolition permit.

I declare that the notification requirements listed above are not applicable to this project and that this work does not require compliance with the provisions of California Health & Safety Code §19827.5 and Part 61 of Title 40 of the Code of Federal Regulations or any successor regulations. I certify under penalty of perjury under the laws of the State of California that all the foregoing is true and correct.

\_\_\_\_\_  
Signature of Owner or Contractor

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

\_\_\_\_\_  
Typed or printed name of Owner or Contractor

Job Address: \_\_\_\_\_

**NOTE: Asbestos of any amount or type is not allowed in the landfills in San Bernardino Co.**



Mojave Desert Air Quality Management District
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www.mdaqmd.ca.gov

Notification of Demolition/Renovation
Please submit to: asbestos@mdaqmd.ca.gov
And mail a hard copy with payment or copy of payment.
Please refer to Rule 302 for Asbestos Fee.

Form fields: CSLB License, Lic Expiration, Check #, Amount Received, MDAQMD Approval:

1. Type of Notification
Original Revised (highlight areas below that have been revised) Cancelled

2. Facility Owner
Name:
Address:
City/State/Zip:
Contact: Phone:

3. Abatement Contractor
Name:
Address:
City/State/Zip:
Contact: Phone & Email Address:

4. Demo/Reno Contractor
Name:
Address:
City/State/Zip:
Contact: Phone & Email Address:

5. Project Type
Demolition Ordered Demolition Demolition by Fire Renovation Emergency Renovation Planned Renovation

6. Asbestos Present? 7. Asbestos Survey? 8. Asbestos Removed? 9. Building to be Demolished?
Yes No Yes No Yes No Yes No
Date: Date: Date:



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<b>10. Facility Description</b>
Building Name:
Parcel #:
Address:
City/State/Zip:
Site Location:
Building Size:
# of Floors:
Age in Years:
Present Use:
Prior Use:

<b>11. Procedure</b> (Include analytical method, if appropriate, used to detect the presence of asbestos material)
Name of laboratory used:

<b>12. Asbestos Amount to be Removed:</b>				
	<b>Friable</b>	<b>Cat1</b>	<b>Cat 2</b>	<b>Describe the Asbestos Material</b>
<b>On Pipes (linear feet)</b>				
<b>Surface Areas (ft<sup>2</sup>)</b>				
<b>Totals (add columns)</b>				<b>Grand Total(add rows)</b>
*Fee is based on grand total				
**To convert linear feet to square feet, use the following equation: $ft^2 = 3.14 \times \text{Diameter} \times \text{Length}$				

<b>13. Scheduled Dates</b>
Asbestos Set Up Start:
Removal Start:
Complete:
Demo/Reno Start:
Demo/Reno Complete:

<b>14. Describe the Planned Demolition, Including Method to be used:</b>
<b>Air Permit Nos of the Abatement Equipment:</b>



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<b>15. Describe the Work Practices and Engineering Controls used to Prevent Emissions of Asbestos on Site:</b>	
<b>16. Waste Transporter</b>	<b>17. Waste Disposal Site</b>
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Contact:	Contact:
Phone:	Phone:
<b>18. Ordered Demolition (Include a copy of the order)</b>	
Agency Name:	
Authorizing Person:	Title:
Date of Order:	Order Start:
<b>19. Emergency Renovations</b>	
Date and Hour of Emergency :	
Describe the unexpected event:	
Explain how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:	
<b>20. Describe the procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder:</b>	
<b>Certification Under Penalty of Perjury</b>	
I certify that an individual trained in the provisions of this regulation (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 the normal business hours. (Required 1 year after promulgation)	
Signature of Owner/Operator:	Date:
<b>The undersigned, under the penalty of law, states to the best of my knowledge, that the above information is true and correct.</b>	
Signature of Responsible Party:	Official Title:
Type or Print Name of Signer:	Date:
Contact Telephone Number & Email Address:	
<i>Official Use Only:</i>	