South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182
Phone: (909)396-2336 (www.aqmd.gov)

Rule 1403 Form Notification of Demolition or Asbestos Removal

USPS-Mail Form and Fee To:
SCAQMD
PO Box 55641
Los Angeles, CA 90074-5641

All Others-Mail Form and Fee To:
Bank of America Lockbox Services
Lockbox # 55641
2706 Media Center Drive
Los Angeles, CA 90065

[1] Fax these type of Notification Forms to ***(909)396-3342*** and mail the originals within 48 hrs

Project Type DEMOLITION ☐ DEMOLITION (Fire Training) ☐ ASBESTOS REMOVAL (Renovation) ☐ PLANNED RENO (Annual) ☐ [1] PROCEDURE 4 PLAN ☐ [1] PROCEDURE 5 PLAN ☐

Project Urgency EMERGENCY ☐ ORDERED ☐

Notification Type ORIGINAL ☐ [1] CANCELLATION ☐ [1] REVISION AMOUNT ☐ [1] REVISION DATES ☐ [1] REVISION OTHER ☐ Explain revision amount and other (includes previously notified)

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 Start Date _____ Project End Date _____ Project Work Shift Day ○ Swing ○ Night ○
[2] ***BUILDING SIZE in sq ft*** _____ 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? YES ○ NO ○ ASBESTOS FOUND? YES ○ NO ○ ASBESTOS REMOVED? YES ○ NO ○ BUILDING TO BE DEMOLISHED? YES ○ NO ○

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

Asbestos Amount to be Removed in sq ft FRIABLE _____ CLASS I _____ CLASS II _____ [2] ***TOTAL AMOUNT*** 0.00

Amount of Each Type of Asbestos in sq ft
ACOUSTIC CEILING _____ LINOLEUM _____ INSULATION _____ FIRE PROOFING _____ DUCTING _____ STUCCO _____ 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 _____

AQMD USE ONLY: SCREENED BY | RECEIVED | POSTMARKED | ENTERED BY | NOTIFICATION #

[2] Fees are per Notification and vary according to the [2] ***TOTAL AMOUNT*** of asbestos removed or the demolition [2] ***BUILDING SIZE***

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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 _____
Address _____
City _____ State _____ Zip _____

WASTE TRANSPORTER # 2 _____
Address _____
City _____ State _____ Zip _____

WASTE STORAGE SITE _____
Address _____
City _____ State _____ Zip _____

LANDFILL _____
Address _____
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 [2]***TOTAL AMOUNT*** of asbestos removed or the demolition [2]***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: _____

Calculate Fee Due

Fee Based on Project Size (sq ft)			Additional Fees		
1,000 or less	$ 59.37	☐	Special Handling Fee	$ 59.37	☐
1,001 to 5,000	$ 181.53	☐	Revision to Notification	$ 59.37	☐
5,001 to 10,000	$ 424.95	☐	Returned Check Fee	$ 25.00	☐
10,001 to 50,000	$ 666.33	☐	Planned Renovation	$ 666.33	☐
50,001 to 100,000	$ 965.68	☐	Procedure 4 or 5 Plan	$ 666.33	☐
100,001 or more	$ 1,609.46	☐	Expedited 4 or 5 Plan	$ 333.16	☐

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: For USPS: SCAQMD, PO Box 55641, Los Angeles, CA 90074-5641; For ALL OTHER: Bank of America Lockbox Services, Lockbox # 55641, 2706 Media Center Drive, Los Angeles, CA 90065. Mailing saves time, money and reduces traffic and air pollution.

Reset **Print**

Project # _____