DEMOLITION NOTIFICATION FORM

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY ($50) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

This federal asbestos inspection requirement has been in effect since November 1990. Again, a licensed asbestos consultant (Inspector or Management Planner) must conduct this inspection. Local, State Cooperation Although not directly responsible for enforcement of the above asbestos/demolition requirements, the CT DPH encourages local officials to verify that these requirements have been addressed when issuing a demolition permit. As a suggestion, local building or health officials could request a copy of the mandated asbestos abatement or demolition notification form submitted to the CT DPH as part of the demolition permit process. Municipalities that use a checklist as part of the demolition permitting process could easily incorporate this item as part of that checklist procedure.

The CT DPH is requesting that local officials solely determine that a proper notification form has been completed. Verification of the content and completeness of the notification form would remain the responsibility of the CT DPH Asbestos Program. Any questions that arise from applicants regarding these requirements should be forwarded to the CT DPH Asbestos Program (860-509-7367)

Notification Requirements
Section 19a-332a-3 of the RCSA requires that an owner and/or asbestos abatement contractor provide the CT DPH with notification at least ten (10) days prior to the start of any asbestos abatement associated with renovation or demolition activities. Notification is required for all abatement involving more than ten (10) linear feet or more than twenty-five (25) square feet of asbestos-containing material (ACM). In 2004, Section 19a-332a-3 was revised to require notification of the CT DPH related to all demolition activities, regardless of whether ACM was identified in the building or structure. The owner and/or demolition contractor is responsible for submission of the demolition notification form, at least ten (10) days prior to the start of the demolition activity. Separate prescribed forms, and requisite fees, are required for notification of demolition and asbestos abatement. If an asbestos abatement notification form is submitted to the CT DPH associated with the demolition of a facility, there is no obligation to submit a separate demolition notification form. Both notification forms are available on the DPH Asbestos Program web page:

www.dph.state.ct.us/BRS/Asbestos.asbestos_program.htm

Inspection Requirements CT DPH regulations contain no explicit requirement to inspect a building or structure prior to demolition. However, the CT DPH strongly encourages that a pre-demolition asbestos inspection be conducted due to the potential for improper disturbance of ACM. CT DPH regulations require that a licensed asbestos consultant (Inspector or Management Planner disciplines) conduct asbestos inspections. In the absence of this inspection, the disturbance to ACM during demolition of a building or structure could result in potential exposure to the public, and would violate CT DPH regulations
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DESTRUCTION NOTIFICATION FORM

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY ($50) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

1. TYPE OF NOTIFICATION:

A. [ ] NEW  B. [ ] EMERGENCY  C. [ ] REVISED  ITEMS REVISED:

2. FACILITY OWNER:

NAME:

ADDRESS:

CITY: STATE:

ZIP: PHONE NO.:

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME:

ADDRESS:

CITY: STATE:

ZIP: PHONE NO.:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED?  YES [ ] NO [ ]

4. INSPECTION INFORMATION:

NAME OF INSPECTOR:

LICENSE #: DATE OF INSPECTION:

INSPECTOR ADDRESS:

CITY:

STATE: ZIP: PHONE NO.:

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

Phone: (860) 509-7367/ Fax: (860) 509-7378
Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer
### 5(A.) DEMOLITION START DATE:

### 5(B.) DEMOLITION COMPLETION DATE:

#### 6.

**USE OF FACILITY:**

<table>
<thead>
<tr>
<th></th>
<th>SCHOOL (K-12)</th>
<th>PUBLIC BUILDING</th>
<th>MANUFACTURING</th>
<th>OFFICE</th>
<th>COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F.</td>
<td>COMMERCIAL</td>
<td>G. CHURCH/SYNAGOGUE</td>
<td>H. RESIDENTIAL, # OF DWELLINGS</td>
<td>I. OTHER</td>
<td></td>
</tr>
</tbody>
</table>

*(i. SPECIFY)*

#### 7.

**BUILDING DATA:**

- SQUARE FEET:
- # OF FLOORS:
- AGE:

#### 8.

**DEMOLITION CONTRACTOR:**

- NAME:
- ADDRESS:
- CITY:
- STATE:
- ZIP:
- PHONE NO.:

#### 9.

**DEMOLITION DISPOSAL FACILITY:**

- NAME:
- ADDRESS:
- CITY:
- STATE:
- ZIP:
- PHONE NO.:

#### 10.

**DEMOLITION WASTE HAULER:**

- NAME:
- ADDRESS:
- CITY:
- STATE:
- ZIP:
- PHONE NO.:

#### 11.

**PERSON COMPLETING THIS FORM:**

- NAME:
- ADDRESS:
- CITY:
- STATE:
- ZIP:
- PHONE NO.:

**SIGNATURE**

**DATE:**

The submission of the Notification of Demolition Form is not required provided that an Asbestos Abatement Notification Form was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the Asbestos Abatement Notification Form submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (Notification of Demolition Form or Asbestos Abatement Notification Form, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.
This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

<table>
<thead>
<tr>
<th>1. NOTIFICATION TYPE</th>
<th>NEW</th>
<th>EMERGENCY</th>
<th>REVISED AND REVISION #</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF REVISED, NOTE ITEMS REVISED</td>
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<td></td>
<td></td>
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<tr>
<td>IF EMERGENCY, DESCRIBE NATURE</td>
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<tr>
<td>2. ABATEMENT CONTRACTOR</td>
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<tr>
<td>NAME</td>
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<tr>
<td>PHONE #</td>
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<td>CONTACT PERSON</td>
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<tr>
<td>3. FACILITY OWNER OR OPERATOR</td>
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<td></td>
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<tr>
<td>NAME</td>
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<td>PHONE #</td>
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<td>CONTACT PERSON</td>
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<tr>
<td>4. ADDRESS OF ABATEMENT PROJECT</td>
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<tr>
<td>ADDRESS</td>
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<tr>
<td>CITY</td>
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<td>STATE</td>
<td>ZIP</td>
<td></td>
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<tr>
<td>5. PROJECT DATES</td>
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<td></td>
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<tr>
<td>START DATE</td>
<td>Month/Day/Year</td>
<td>COMPLETION DATE</td>
<td>Month/Day/Year</td>
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<tr>
<td>6. PROJECT COSTS AND FEES</td>
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<tr>
<td>TOTAL ABATEMENT PROJECT COST</td>
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<tr>
<td>REVISED COST (ONLY FOR REVISIONS)</td>
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<tr>
<td>$50.00 (+ 1% total asbestos abatement cost for projects &gt;160 sq. ft)</td>
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<tr>
<td>NOTIFICATION FEE DUE</td>
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<tr>
<td>IF REVISED COST, ADDITIONAL FEE DUE</td>
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<tr>
<td>7. USE OF FACILITY</td>
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<td></td>
<td></td>
<td>RESIDENTIAL, # OF DWELLINGS</td>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>
8. BUILDING DATA

SQUARE FEET:  
NUMBER OF FLOORS:  
AGE:  

9. ABATEMENT CLASSIFICATION

A. RENOVATION  
B. DEMOLITION  
C. ORDERED DEMO  

(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER  

10. ABATEMENT TECHNIQUE

FULL CONTAINMENT WITH NEGATIVE AIR  
EXTERIOR  
SPOT REPAIR (>25 SQ. FT. TOTAL)  
ALTERNATIVE WORK PRACTICE (MUST BE PREAPPROVED)  
PROJECT DESIGNER & LICENSE  

11. ABATEMENT METHOD & TYPE OF DECONTAMINATION SYSTEM

REMOVAL  
ENCAPSULATION  
ENCLOSURE  
CONTIGUOUS  
REMOTE  
BOTH  

12. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED (SQUARE FEET)

<table>
<thead>
<tr>
<th>FRIABLE MATERIAL</th>
<th>NONFRIABLE MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. SPRAYED/TROWELED ON:</td>
<td></td>
</tr>
<tr>
<td>B. BOILER INSULATION:</td>
<td></td>
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<tr>
<td>C. TANK INSULATION:</td>
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<tr>
<td>D. BREECHING INSULATION:</td>
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<tr>
<td>E. DUCT INSULATION:</td>
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<tr>
<td>F. CEILING TILES:</td>
<td></td>
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<tr>
<td>G. OTHER, SPECIFY:</td>
<td></td>
</tr>
<tr>
<td>H. PIPE INSULATION</td>
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<tr>
<td></td>
<td><strong>Total Square Feet</strong></td>
</tr>
</tbody>
</table>

* FOR PIPE INSULATION, SEE NOTIFICATION CONVERSION TABLE TO CONVERT LINEAR FEET TO SQUARE FEET

(Pipe diameter)  
Multiply LF by CF  
=  
Total Sq. Ft.  
=  
=  

13. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)

NAME  
ADDRESS  
CITY, STATE, ZIP  
OWNER OPERATOR  

14. HAULER/WASTE TRANSPORTER

NAME  
ADDRESS  
CITY, STATE, ZIP  

SIGNATURE OF PERSON COMPLETING THIS FORM

TITLE

MAIL COMPLETED FORM TO:  
DEPARTMENT OF PUBLIC HEALTH - EHS  
410 CAPITOL AVE, MS# 51 AIR  
PO BOX 340308  
HARTFORD, CT 06134-0308

2008 Notification Form Rev Date 9/12/08