



# RENOVATION REGULATION 11, Rule 2

## Notification Form

*For Office Use Only*

J# \_\_\_\_\_  
I# \_\_\_\_\_

### Site of Renovation

*Notification must be submitted with payment*

Site Address: \_\_\_\_\_ Cross Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Owner/Operator \_\_\_\_\_ Specific Location: \_\_\_\_\_  
 Check One:  Single-Family Dwelling  Owner-occupied Condominium  Multifamily Dwelling  Commercial  Govt Bldg  School

### Contractor/Individual Performing Renovation

Name: Company/Individual \_\_\_\_\_ Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Have you previously submitted notifications for other sites?  Yes  No

### Description of Renovation

Renovation  Planned Renovation (attach work schedule)  Cumulative Renovations (each < 100 sq or lin ft).  
 Material Description: \_\_\_\_\_  
 Method(s) of Removal: \* \_\_\_\_\_  
 Total removal amounts \*\* of **friable asbestos material** only: \_\_\_\_\_ lin ft OR \_\_\_\_\_ sq ft OR \_\_\_\_\_ cu ft

\* If method is Dry Removal, attach a letter to this form requesting conditional approval for dry removal. (Dry removal includes, but is not limited to, shot/bead blasting of mastic.)  
 \*\* Indicate how much of this, if any, involves dry, bead blast, or shot-blast removal: \_\_\_\_\_

Dates of Renovation: (Actual dates must be entered, "ASAP" or "Soon" will be rejected.)  
 Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  Weekend Work  Night Work (After 5 PM)

### Waste Transporter Information

Name: \_\_\_\_\_ EPA ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Disposal Site Information

Landfill Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Renovation Only

Date of Emergency: \_\_\_\_\_ Time: \_\_\_\_\_ Description of event and an explanation of how the event has caused unsafe conditions or would cause equipment damage:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Form Preparation Information

This form prepared by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: Company/Individual \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*See Page Two to Complete This Form*

## Required Information

**Payment must be received before J# will be assigned.**

**Payment type:**  Check  Cashier's Check  Money Order  Credit Card\* (Visa, MasterCard Only)  
(payments, other than credit card payment, must be mailed or delivered to: 939 Ellis St., San Francisco, CA 94109)

***I certify that an individual trained in the provisions of Regulation 11, Rule 2, will be on site during the renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.***

**Signature of Contractor or Person Performing Renovation:** \_\_\_\_\_

***I certify that the above information is correct and that I will comply with all of the requirements of the BAAQMD's regulations, as well as all other applicable federal, state and local requirements.***

**Signature of Contractor or Person Performing Renovation:** \_\_\_\_\_

## GENERAL INFORMATION

- ◆ This notification form shall be used to notify the BAAQMD of asbestos removal (**renovation**) operation only. Notification is required for each renovation where the amount of Regulated Asbestos-Containing Material (RACM) is greater than or equal to 100 square/linear feet, or for any dry removal. All boxes must be completed. **\*Notification forms may be faxed to (415) 749-4658**, but the **credit card payment form must be faxed separately to (415) 749-4969**. Job numbers will not be issued until applicable fees are received.
- ◆ Notification shall be provided to the District at least 10 working days prior to commencement of renovation, or as early as possible prior to commencement of emergency renovation. The notification period will not start until a complete notification is submitted.
- ◆ An Acknowledgement Letter is mailed to the contractor/individual listed upon receipt of a complete notification. This should be checked for accuracy of data.
- ◆ If the job is postponed or cancelled, the District **must** be notified by a revision; the Acknowledgement Letter should be used to fax or mail the revision information. When cancelled, a cancellation fee will apply.
- ◆ For specific "Emergency" conditions, the 10 working day period will be waived. Notification must be made by fax, and the job number will be issued if accompanied with a faxed copy of a valid check, cashier's check or money order.
- ◆ For residential structures with 4 or fewer units, the 10 working day period may be reduced to 72 hours for an additional fee.

## INSTRUCTIONS

- ◆ **SPECIFIC LOCATION OF PROJECT:** Identify where the renovation is taking place if the site contains more than one building, or if the building has multiple floors.
- ◆ **START AND COMPLETION DATES:** The start date is the date on which removal commences. Any revision to the start or completion dates must be submitted prior to the previously notified date(s). Under no circumstances may the revised start date be earlier than the 10<sup>th</sup> working day following the postmark or fax date of the original notification. If the start date is unknown, enter an estimated start date and revise the notification when the actual start date is known, but not later than the estimated start date.
- ◆ **MATERIAL DESCRIPTION:** Indicate the type of RACM being removed, e.g., pipe lagging, acoustical ceiling, thermal system insulation, asbestos insulated heating ducts.
- ◆ **METHODS OF REMOVAL:** Indicate the methods and procedures you will use to comply with the standards in Reg. 11-2. If the method involves dry removal, follow the instructions on the form.
- ◆ **REMOVAL AMOUNT:** Indicate the amount of RACM to be removed. If the job involves wet and dry removal, indicate the total for both. Indicate how much of this total amount involves dry removal on the line marked \*\*. Non-friable asbestos removal is exempt from notification unless it is made friable during renovation activity.
- ◆ **DISPOSAL SITE INFORMATION:** Indicate the name of the disposal site where the RACM will be deposited.
- ◆ **WASTE TRANSPORTER INFORMATION:** Indicate the name of the transporter of RACM. The State of California considers RACM a hazardous waste, therefore, a contractor is required to obtain an EPA number (ID#) to qualify as a waste hauler.

**FEES APPLICABLE TO RENOVATION OPERATIONS (FROM REGULATION 3, SCHEDULE L)**

**Commercial, Multi-Family Dwellings (more than 4 units), Government Buildings, & Schools**

<i>Square Feet Renovation</i>	<i>Linear Feet Renovation</i>	Fee
100-159 or 35 cu ft	100-259	\$370
160-500 or > 35 cu ft	260-500	\$533
501-1000	501-1000	\$775
1001-2500	1001-2500	\$1144
2501-5000	2501-5000	\$1630
5001-10000	5001-10000	\$2238
10001+	10001+	\$2847
Mastic removal with buffers and solvent		\$262
Cancellation fee		\$175

**Owner-Occupied Condominiums**

<i>Square Feet Renovation</i>	<i>Linear Feet Renovation</i>	Fee
100-500	100-500	\$130
501-1000	501-1000	\$479
1001-2000	1001-2000	\$698
2001+	2001+	\$959
Mastic removal with buffers and solvent		\$262
Cancellation fee		\$63

**Single Family Dwellings or Multi-Family Dwellings (Four units or less)**

<i>Square Feet Renovation</i>	<i>Linear Feet Renovation</i>	Fee	72 hour*
100-500	100-500	\$130	\$567
501-1000	501-1000	\$479	\$916
1001-2000	1001-2000	\$698	\$1135
2001+	2001+	\$959	\$1396
Mastic removal with buffers and solvent		\$262	\$699
Cancellation fee		\$63	

\* For single family dwellings or multiple family dwellings with four units or less, the 10 working day period may be expedited to 72 hours if additional fees are paid.



BAY AREA  
AIR QUALITY  
MANAGEMENT  
DISTRICT

**CREDIT CARD PAYMENT FORM**  
(District accepts Visa and MasterCard ONLY)

**Fax this form directly to the District Finance Office at**

**415-749-4969\***

\* use a separate form for each job notification

Amount Paid \$ (required) \_\_\_\_\_

Site Address:			
City:			
Zip :			
Project Description:	<input type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	
Removal Amount (of regulated asbestos):	lin ft	sq ft	cu ft

**CREDIT CARD INFORMATION:**

Name as Appears on Card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

Card No: \_\_\_\_\_

CVV2 Code (3 digit code on reverse side of card) \_\_\_\_\_

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

**Authorized Signature (required):** \_\_\_\_\_

*Authorized Signature indicates that you are approving the Bay Area Air Quality Management District to charge to your credit card for the amount due and payable as indicated above.*

**Card holder's phone # (required):** \_\_\_\_\_

Check if you would like a receipt

Fax # or email address: \_\_\_\_\_