| togetherforbetter | Clark County Environment & Sustainability |
|-------------------|---|
|                   | <b>Environment &amp; Sustainability</b>   |

Division of Air Quality 4701 W Russell Rd, Suite 200, 2nd Floor Las Vegas 89118-2231 (702) 455-5942 • Fax (702) 383-9994

| For DAQ Use Only |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|
| Project #:       |  |  |  |  |  |  |
|                  |  |  |  |  |  |  |

## **Demolition Notification Form Clark County Division of Air Quality**

**General Instructions**: This form must be completed and submitted to the Department of Environment and Sustainability Division of Air Quality (DAQ) before a building or structure is demolished.

If the building or structure contains friable asbestos containing material, the NESHAP Notification of Asbestos Abatement Form (ASB\_01) must be completed and submitted to DAQ. This form will not be accepted for reporting removal or encapsulation of friable asbestos containing materials from buildings or structures for demolition

This form must be received by DAQ no less than ten (10) working days before the demolition project is scheduled to start. Any notification that is incomplete or any notification indicating site activities to be in violation of applicable regulations will be considered an invalid notification. **Separate notifications** must be submitted for each building or other individual facility where demolition of said building or facility is to be demolished.

Under most circumstances, the removal of Category I non-friable asbestos containing materials will not be required prior to demolition, unless the building or structure is to be burned or the materials are in poor condition or will be handled in a manner that renders them friable. Category II non-friable asbestos containing materials must be removed prior to demolition of a building or structure, if the materials will be subject to crushing, crumbling or pulverizing during the process of demolition.

| Submit             | the <b>or</b> | iginal, co | mple  | ted and  | l sig   | ned form to the DAQ address listed a | above wi      | ith ATTN: Asb | estos F | rogram   | ١.   |
|--------------------|---------------|------------|-------|----------|---------|--------------------------------------|---------------|---------------|---------|----------|------|
| Type o             | f Notific     | cation: (  | O C   | Original | 0       | Cancellation                         | revision      | #):           |         |          |      |
|                    |               |            |       |          |         | Summary of Revisions                 |               |               |         |          |      |
|                    |               |            |       |          |         |                                      |               |               |         |          |      |
|                    |               |            |       |          |         |                                      |               |               |         |          |      |
| Part A             | - Build       | ling/Struc | ture  | Owner    |         |                                      |               |               |         |          |      |
|                    |               | Name:      |       |          |         | Title:                               |               | Compan        | y/Orga  | nizatior | 1:   |
|                    |               |            |       |          |         |                                      |               |               |         |          |      |
| Number: Direction: |               |            |       |          | Street: |                                      | Street Type:  |               | uite:   | PO Box:  |      |
|                    |               |            |       |          |         |                                      |               |               |         |          |      |
| City:              | City:         |            |       |          |         |                                      | State:        |               | Zip:    |          |      |
|                    |               |            |       | Email    | Add     | dress:                               | Office Phone: |               | Cell:   |          | Fax: |
|                    |               |            |       |          |         |                                      |               |               |         |          |      |
|                    |               |            |       |          |         | Owner's Representative               |               |               |         |          |      |
| Name:              |               |            |       |          | Title:  | Office                               | Phone:        | Cell:         |         | Fax:     |      |
|                    |               |            |       |          |         |                                      |               |               |         |          |      |
| Part B             | - Proje       | ct Descri  | ption | 1        |         |                                      |               |               |         |          |      |
| Buildir            | ng Desc       | cription:  |       |          |         |                                      |               |               |         |          |      |

|                            |                |  | Project Locat                    | ion          |                          |            |           |               |       |                |
|----------------------------|----------------|--|----------------------------------|--------------|--------------------------|------------|-----------|---------------|-------|----------------|
| Number: Direction: Street: |                |  |                                  |              |                          |            |           | Street Ty     | pe:   | Suite:         |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
| City:                      |                |  |                                  |              | State                    | e: N       | 1V        | Zip:          |       |                |
|                            |                | Decilation of Association                        | Tatal Elass On ass               | T-4-         | 1 N I                    |            |           | Schedule      | Dem   | olition        |
| Presei                     | nt Use:        | Building Age<br>(Years):                         | Total Floor Space (Square feet): |              | tal Number<br>of Floors: |            |           | Start Date:   |       | npletion Date: |
|                            |                |  | , ,                              |              |                          |            |           | /DD/YYYY) (I  |       | M/DD/YYYY)     |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
| Describe ho                | w building/str | ucture will be demolish                          | ned:                             |              |                          |            |           |               |       |                |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
| Part C - Asi               | estos Inspe    | ction Information                                |                                  |              |                          |            |           |               |       |                |
|                            | -              | estos conducted for th                           | nis project? ( ) Yes             | (1)          | No                       | Insne      | ected (N  | MM/DD/YY      | (Y)·  |                |
| 7740 411 1110              |                | Inspector's Nam                                  |                                  | <u> </u>     |                          | Office P   | <u> </u>  | Cell:         | 1 1). | Fax:           |
|                            |                | mopeotor o real                                  |                                  |              |                          | 0111001    | 110110.   | 0011.         |       | T UX.          |
| Accreditatio               | a Pv:          |  |                                  |              |                          | Evniro     | tion (N   | IM/DD/YYY     | V).   |                |
|                            | ,              | II be used to detect the                         | nresence of ashestor             | material     | le:                      | Expira     | ition (iv | ווווו/טט/וווו | 1 ).  |                |
| DC3011DC WI                | iat method wi  | ii be asea to acteet the                         | presence of aspestor             | Thatena      | 10.                      |            |           |               |       |                |
| Part D - Dor               | nolition Cont  | tractor Information                              |                                  |              |                          |            |           |               |       |                |
| Tart D - Der               |                | Contractor:                                      |                                  |              |                          | Office P   | hone:     | Cell:         |       | Fax:           |
|                            |                | Contractor.                                      |                                  |              |                          | 0111001    | 110110.   |               |       | T UX.          |
| Number:                    | Direction:     |  | Street:                          |              |                          | Street 7   | vne.      | Suite:        |       | PO Box:        |
| Number.                    | Directions     | •  | Oli CCL.                         |              |                          | Olicci     | урс.      | Ounto.        |       | T O DOX.       |
| City:                      |                |  |                                  |              | Stat                     | 0:         |           | Zip:          |       |                |
| ,                          | nd achectoc ic | discovered during der                            | molition what procedu            | res will h   |                          |            | oq.       | Zip.          |       |                |
| Пипохроск                  |                | discovered daring der                            | montion, what proceed            | il C3 Will D | - 1111                   | , ciricine |           |               |       |                |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
| Part E - Ide               | ntified Asbes  | tos Containing Mate                              | rials (remaining in bu           | ıilding/st   | tructi                   | ure duri   | ng den    | nolition)     |       |                |
|                            | Ren            | naining Material                                 |                                  |              |                          | Uni        | t of Me   | asure         |       |                |
| Non-friable                | Category I:    | ○ S  | quare Fe                         | et           | O Line                   | ar Fee     | t O Cub   | ic Fe         | et    |                |
| Non-friable                | Category II:   | ○ s  | quare Fe                         | et           | Line                     | ar Fee     | t 🔾 Cub   | ic Fe         | et    |                |
|                            |                | ntaining materials are friable (i.e., crushed, c |                                  |              | es tha                   | at will be | implen    | nented to e   | nsure | these          |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
|                            |                |  |                                  |              |                          |            |           |               |       |                |
|                            |                |  |                                  |              |                          |            |           |               |       |                |

| Will concrete   | be recycled?     | ○ Yes ○ N                             | o O NA                | All asbestos co | ntainin | g mate    | erials must be | removed before                      | re recycling. |  |
|---|------------------|---------------------------------------|-----------------------|-----------------|---------|-----------|----------------|-------------------------------------|---------------|--|
| Where will co   | oncrete be recyc | cled?                                 |                       |                 |         |           |                |                                     |               |  |
| What is the D   | AQ permit num    | nber?                                 |                       |                 |         |           |                |                                     |               |  |
| Will building/s   | structure be bur | rned? O Yes                           | ○ No                  | All asbestos c  | ontaini | ing ma    | terials must   | pe removed be                       | fore burning. |  |
| Did a Local Government order the building/structure demolition because it is structurally unsound and in danger of imminent collapse? |                  |                                       |                       |                 |         |           | ○ No           | If Yes, Order Date:<br>(MM/DD/YYYY) |               |  |
|   | ,                | , , , , , , , , , , , , , , , , , , , | ,                     |                 | Attac   | If You    | y of Order     |                                     |               |  |
| Part F - Build  | ding/Structure   | Waste Dispos                          | al Informatio         | n               |         |           |                |                                     |               |  |
|   |                  |                                       | Was                   | ste Disposal Si | te      |           |                |                                     |               |  |
| Number:   | Direction:       |                                       | Str                   | eet:            |         |           | Street Type    | : Suite:                            | PO Box:       |  |
|   |                  |                                       |                       |                 |         |           |                |                                     |               |  |
| City:   |                  |                                       |                       |                 | ;       | State:    |                | Zip:                                |               |  |
|   |                  |                                       | Wa                    | ste Transporte  | r       |           |                |                                     |               |  |
|   |                  | Transpo                               | rter                  |                 |         | Of        | fice Phone:    | Cell:                               | Fax:          |  |
|   |                  |                                       |                       |                 |         |           |                |                                     |               |  |
| Number:   | Direction:       |                                       | Stree                 | et:             |         | Street Ty |                | Suite:                              | PO Box:       |  |
|   |                  |                                       |                       |                 |         |           |                |                                     |               |  |
| City:   |                  |                                       |                       |                 | ;       | State:    |                | Zip:                                |               |  |
|   |                  |                                       |                       | Certification   |         |           |                |                                     |               |  |
| I hereby cer<br>complete.   | tify that to the | e best of my k                        | nowledge aı           | nd understandi  | ng, th  | e info    | rmation pro    | vided is true,                      | accurate and  |  |
|   | itle:            |                                       | Company/Organization: |                 |         |           |                |                                     |               |  |
|   |                  |                                       |                       |                 |         |           |                |                                     |               |  |
|   |                  |                                       | Office Phone: Cell:   |                 |         | Fax:      |                |                                     |               |  |
|   |                  |                                       |                       |                 |         |           |                |                                     |               |  |
|   |                  |                                       |                       |                 |         |           |                |                                     |               |  |
|   |                  | Siç                                   | nature                |                 |         |           |                | Certificatio                        | n Date        |  |