



BUILDING DIVISION

ROBERT C. OLIN, *Manager*

201 South Rosalind Avenue, 1st Floor ▪ Reply To: Post Office Box 2687 ▪ Orlando, Florida 32802-2687

407-836-5560 ▪ Fax 407-836-5510

www.orangecountyfl.net/Dept/growth/building/default.htm

**ORANGE COUNTY BUILDING DEPARTMENT
PRE-DEMOLITION DATA COLLECTION CHECKLIST**

Date: _____ \$25.00 Receipt Number: _____ Initials: _____

Mandatory Requirements for pre-demo inspection:

- A copy of the site plan to scale

Mandatory Requirement upon issuance of permit:

- Completed disconnect form
- Notarized Power of Attorney (if licensed contractor does not appear on person)

To be completed by customer:

Contact Person: _____ Phone #: () _____

Site Address: _____

Septic Tank: No Yes If yes, must fill or remove septic tank.

Requested date and time of accessibility to site: _____

Note: Please contact the building inspector between 7:00 - 7:30 a.m. the morning of your requested inspection date at 407-836-5801.

To be completed by inspector:

Building/Structure Information

Use: Residential	_____	Occupancy Type	_____
Commercial	_____	Occupancy Use	_____
Number of Floors	_____	Square Footage	_____
Number of Units	_____		

Type of Construction: Frame _____ Masonry _____

Date: _____ Inspector: _____ County #: _____

Comments: _____

**Florida Department of
Environmental Protection
Division of Air Resource Management**

NOTICE OF ASBESTOS RENOVATION OR DEMOLITION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL REVISED CANCELLATION COURTESY

TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION RENOVATION

IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO

IF RENOVATION:

IS IT AN EMERGENCY RENOVATION OPERATION? YES NO

IS IT A PLANNED RENOVATION OPERATION? YES NO

I. Facility Name _____
 Address _____
 City _____ State _____ Zip _____ County _____
 Site _____ Consultant Inspecting Site _____
 Building Size _____ (Square Feet) # of Floors _____ Age in Years _____
 Prior Use: School/College/University Residence Small Business Other _____
 Present Use: School/College/University Residence Small Business Other _____

II. Facility Owner _____ Phone () _____
 Address _____
 City _____ State _____ Zip _____

III. Contractor's Name _____ Phone () _____
 Address _____
 City _____ State _____ Zip _____

Florida License No. _____ Is the contractor exempt from licensure under section 469.004(7), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start:: _____ Finish: _____

Demo/Renovation (mm/dd/yy) Start:: _____ Finish: _____

V. Procedures to be Used (Check All That Apply):

<input type="checkbox"/> Strip and Removal	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Bulldozer	<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Wet Method	<input type="checkbox"/> *Dry Method	<input type="checkbox"/> Explode	<input type="checkbox"/> Burn Down

OTHER:

*MUST OBTAIN PRIOR DEP APPROVAL BEFORE USING A DRY METHOD

VI. Procedures for Unexpected RACM: _____

VII. Asbestos Waste Transporter: Name _____ Phone () _____
 Address _____
 City _____ State _____ Zip _____

VIII. Waste Disposal Site:: Name _____ Class _____
 Address _____
 City _____ State _____ Zip _____

IX. Amount of RACM or ACM

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

_____ square feet surfacing material
 _____ linear feet pipe
 _____ cubic feet of RACM off facility components
 _____ square feet cementitious material
 _____ square feet resilient flooring
 _____ square feet asphalt roofing

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFT 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.

 (Signature of Owner/Operator)

 (Date)

DEP USE ONLY

Postmark/Date Received

ID#

INSTRUCTIONS

The state asbestos removal program requirements of s.376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFT Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it ordered by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency to order the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an emergency renovation operation? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a planned renovation operation, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information; however, a Florida license number or disclosure of that number is not required to comply with the notice requirements.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Check the methods and procedures to be used. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method.)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is only permissible if the length or area could not be measured previously.)
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (DO NOT FAX). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.