

# Asbestos Disclosure for Demolition Projects

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

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Unincorporated Area of Orange County

Zip Code

Demolition Permit Application Number: \_\_\_\_\_

## OWNER:

I declare that I am the owner-occupant of the single-unit dwelling and I will personally conduct renovation/demolition activity at the dwelling. Written asbestos notification is not applicable to the demolition project. (AQMD Rule 1403.j.9)

## CONTRACTOR:

I declare that the demolition of the structure which job address is listed above may involve demolition or removal of asbestos material, and attached is a copy of each written asbestos notification regarding the building that has been required to be submitted to the South Coast Air Quality Management District (<http://www.AQMD.GOV>). (Health & Safety Code Section 19827.5)

## OWNER/ CONTRACTOR:

I declare that the demolition of the structure which job address is listed above does not involve demolition or removal of any asbestos material. Written asbestos notification is not applicable to this demolition project. (Health & Safety Code Section 19827.5)

If the above demolition involves the taking out of load supporting beams and or load bearing wall, then a SCAQMD notification is always required.

Signature of Authorized Agent or Owner or Contractor: \_\_\_\_\_

**Note to Staff: Please Fax this form to SCAQMD at 909 396-3342**