



Florida Department of
Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
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NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

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 _____ Building 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 () _____ Email Address _____

Address _____
City _____ State _____ Zip _____

III. Contractor's Name _____ Phone () _____ Email Address _____

Address _____
City _____ State _____ Zip _____

Is the contractor exempt from licensure under section 469.002(4), 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. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components. _____

Procedures to be Used (Check All That Apply):

☐ Strip and Removal	☐ Glove Bag	☐ Bulldozer	☐ Wrecking Ball
☐ Wet Method	☐ Dry Method	☐ Explode	☐ Burn Down
OTHER: _____			

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. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. _____

Amount of RACM or ACM*
RACM ACM

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

*Identify and describe surfacing material and other materials as applicable: _____

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

Name:
Address:
City:
State/Zip:

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

(Print Name of Owner/Operator) _____ (Date) _____

(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 CFR 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 ordering 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.
- 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. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (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 in accordance with 40 CFR section 61.145(3)(c)(i).)
- 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.) Identify and describe the listed surfacing material and other listed materials as applicable.
- 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.