SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

[ ] Northern Regional Office
4230 Kiernan Ave, Ste. 130
Modesto, CA 95356
(209) 557-6400
Fax: (209) 557-6475
San Joaquin, Stanislaus and Merced Counties

[ ] Central Regional Office
1990 E. Gettysburg Ave.
Fresno, CA 93726
(559) 230-5950
Fax: (559) 230-6062
Fresno, Madera and Kings Counties

[ ] Southern Regional Office
2700 "M" St., Suite 275
Bakersfield, CA 93301
(661) 326-6900
Fax (661) 326-6985
Tulare and Kern Counties

DEMOLITION PERMIT RELEASE

The purpose of this form is to verify compliance with or exemption from the National Emission Standards for Hazardous Air Pollutants (NESHAP) asbestos **notification** requirements.. It is the Applicant's responsibility to obtain the required signature from the District and return this form to the appropriate city or county building department **prior to obtaining a demolition permit.**

Project Description

Job Site Address _____ City _____ Zip Code _____

Owner's name _____ ( ) Telephone _____

Owner's Address _____ City _____ Zip Code _____

Contractor's Name _____ ( ) Telephone _____ ( ) FAX _____

Contractor's Address _____ City _____ Zip Code _____

1. Facility being demolished:	Y	N	2. Proposed project:	Y	N
Single Family Dwelling or Apartment, with 4 or fewer units	☐	☐	Single Family Dwelling	☐	☐
Other (describe):			Public Project (School, Highway)	☐	☐
Is demolition by intentional burning?	☐	☐	Future use planned	☐	☐
Comments:					

Be advised that Regulation VIII, Fugitive PM_{10} Prohibitions, requires that the exterior of buildings be wetted during demolition activities.

Signature of applicant _____ Title _____ Date _____

FOR DISTRICT USE ONLY

[ ] This certifies that the demolition applicant has satisfied the APCD's notification requirements. The APCD allows the demolition to proceed on or after _____, 200___.

[ ] This certifies that the Demolition application is exempt from the APCD's requirements.

District approval on this form only indicates compliance with or exemption from the NESHAP notification requirements. Enforcement action will be taken if asbestos NESHAP violations are found at the project.

Comments:

Printed Name: _____ Title: _____

Approval Signature: _____ Date: _____

This form is no longer valid 30 days after approval or if information provided changes.