



Florida Department of Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective ...
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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):

Table with 4 columns: Strip and Removal, Glove Bag, Bulldozer, Wrecking Ball; Wet Method, *Dry Method, Explode, 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
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

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

Empty rectangular box for fee invoice address.

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.

(Signature of Owner/Operator)

(Date)

DEP USE ONLY

Postmark/Date Received

ID#