

OFFICE USE ONLY

Operator Project #:
Postmark:
Date Received:
Notification #:



DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH
Asbestos and Lead Regulatory Program
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

Notification of Demolition

(as required by [Section 9.1 C](#) of the Vermont Regulations for Asbestos Control)

Refer to the attached instructions while completing this form.

EMAIL completed form to: AHS.VDHALRPGeneral@Vermont.gov

I. Type of Notification (check one):

Original (Date:) Revised (Date:) Canceled (Date:)

II. Type of Operation (check one):

Demolition Ordered / Emergency Demolition Fire Training

If ordered / emergency demolition: attach a copy of the demolition order and/or other supporting documentation.

III. Facility Description

Building Name:			Parcel ID:		
Street Address:					
City:		State:	Zip:	County:	
Site Location:					
Building Size (Square Feet):			# of Floors:	Age in Years:	
Present Use of Building:					
Prior Use of Building:					

IV. Facility Information

Building Owner:		Ph:		Email:	
Contact:		Ph:	Fax:	Email:	
Street Address:			City:	State:	Zip:

Asbestos Removal Contractor (if asbestos is present):					
Contact Name:		Ph:	Fax:	Email:	
Street Address:			City:	State:	Zip:

Other Operator (demolition or general):							
Contact:		Ph:		Fax:		Email:	
Street Address:			City:	State:	Zip:		

* Failure to submit required documents may delay the review process.

* If section is not applicable please indicate on form.

* Attach additional documentation if necessary.

V. Is Asbestos Present? (check one): Yes No

Attach a copy of the asbestos inspection report *

VI. Approximate Amount of Asbestos Materials:

Material Description	Amount (linear, square, or cubic feet)

VII. Scheduled Dates of Demolition (Required):

Starting Date:

Completion Date:

VIII. Scheduled Dates for Asbestos Removal (MM/DD/YY)

Starting Date:

Completion Date:

IX. Description of planned demolition / asbestos removal work to be performed and method(s) to be employed, including techniques to be used, description of affected facility components, waste handling, and dust emission control procedures:

X. Description of procedures to be followed if unexpected asbestos material is found:

XI. Asbestos Waste Transporter Information

Transporter Name:			
Contact:	Ph:	Email:	
Street Address:	City:	State:	Zip:

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* If section is not applicable please indicate on form.

* Attach additional documentation if necessary

XII. Asbestos Waste Disposal Information

Disposal Site Name:			
Contact:	Ph:	Email:	
Street Address:	City:	State:	Zip:

XIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements. I certify that all information provided, and information contained in this notification are true, accurate, and complete.

Print Name and Title

Signature of Owner/Operator

Date Signed

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- * Attach additional documentation if necessary