



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DEMOLITION NOTIFICATION FORM

STATE USE ONLY

Postmark Date	_____
Check #	_____
Trans. No	_____
Amount Paid	_____
Record No.	_____

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health (DPH) at least ten days prior to the start of demolition as required by the Regulations of CT State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of fifty (\$50) dollars, payable by check or money order to "Treasurer, State of CT". For facilities that are regulated by the US EPA under the authority of the federal asbestos National Emissions Standard for Hazardous Air Pollutants (NESHAP), please review the guidance document issued by EPA Region 1, regarding emergency renovations and demolitions. Additional instructions are found on the back page of this form.

1. NOTIFICATION TYPE

NEW EMERGENCY REVISED, ITEMS REVISED: _____

2. FACILITY OWNER:

NAME: _____ PHONE NO.: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: _____
 ADDRESS: _____
 CITY: _____ CT ZIP: _____ PHONE/CONTACT: _____

4. INSPECTION INFORMATION:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES NO DATE OF INSPECTION: _____

INSPECTOR NAME : _____ LICENSE #: _____
 ADDRESS: _____ CITY: _____ STATE: _____
 ZIP: _____ PHONE NO.: _____

5(A.) DEMOLITION START DATE: _____ **REVISED START** _____

5(B.) COMPLETION DATE _____ **REVISED END** _____

6. USE OF FACILITY:

A. SCHOOL (K-12) B. PUBLIC BUILDING C. MANUFACTURING D. OFFICE E. COLLEGE
 F. COMMERCIAL G. RELIGIOUS INSTITUTION H. RESIDENTIAL # OF DWELLINGS _____
 I. OTHER (I. SPECIFY) _____



Phone: (860) 509-7367/ Fax (860) 509-7378
 Telephone Device for the Deaf: (860) 509- 7191
 410 Capitol Avenue, MS# 12AIR
 P.O. Box 340308
 Hartford, CT 06134-0308
 Affirmative Action / An Equal Opportunity Employer



7. **BUILDING DATA:** Size (SQ.FT. # OF FLOORS: AGE: YEARS

8. **DEMOLITION CONTRACTOR:**

NAME: DEMO LICENSE #
ADDRESS:
CITY: CONTACT
PHONE NO.: STATE: ZIP:

9. **DEMOLITION DISPOSAL FACILITY:**

NAME:
ADDRESS:
CITY: STATE: ZIP:
PHONE NO.:

10. **DEMOLITION WASTE HAULER:**

NAME:
ADDRESS:
CITY: STATE: ZIP:
PHONE NO.:

ADDITIONAL SITES, HAULERS, CONTRACTORS

Three horizontal lines for additional information.

11. **PERSON COMPLETING THIS FORM:**

NAME:
ADDRESS:
CITY: STATE: ZIP:
PHONE NO.:

SIGNATURE

DATE:

RESET FORM

PRINT

SAVE AS

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility* (see definition) shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II non-friable asbestos. A notification is required for all demolitions of a "facility".

The submission of the "Notification of Demolition" form is not required, provided that an "Asbestos Abatement Notification" form was submitted to the Department of Public Health involving abatement related to the demolition of the facility and the notification denotes "demolition". In that case, the "Asbestos Abatement Notification" form submitted to the Department of Public Health satisfies the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (Notification of Demolition form or Asbestos Abatement Notification form, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.