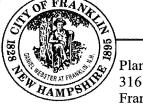
## CITY OF FRANKLIN, NEW HAMPSHIRE "Three River's City"



Planning and Zoning Department 316 Central Street Franklin, NH 03235

Tel: (603) 934-2341 Fax: (603) 934-7413 www.franklinnh.org

#### **APPLICATION FOR DEMOLITION PERMIT**

| Location: (street address)   | Ma                                      | Zoning District:                  |   |  |
|--|---|-----------------------------------|---|--|
| Property Owner Information:  |   |                                   |   |  |
| Name   | Phone:                                  | Email:                            |   |  |
| Address:   |   |                                   |   |  |
| The undersigned hereby applies for permission to<br>shall be completed in accordance with all applica<br>that all information on this application is true an | able City of Franklin, State of New Han | mpshire, and United States Id     |   |  |
| Letter of Authorization attached?  | yes no <b>OR</b> Owner Sign             | nature:                           | · · · · · · · · · · · · · · · · · · ·   |  |
|  |   |                                   |   |  |
| Contractor/Owner Agent (Note: Owner  | r signature above, or signed let        | tter of authorization re          | quired.):                               |  |
| Name   | Phone:                                  | Email:                            |   |  |
| Address:   |   | Pot Michigan Inc. Commission Inc. |   |  |
| Contractor Signature   | Print Name                              |                                   | Date                                    |  |
| Project Details: City Water  | _Yes No City S                          | Sewer Yes N                       | 0                                       |  |
| Project description:   |   |                                   |   |  |
| Estimated date project will begin:   |   |                                   |   |  |
| Please attach the following:   |   |                                   |   |  |
| Contractor/Owner)  | pestos Demolition / Renovation N        | otification Form (to be fil       | ed with NHDES by                        |  |
| Asbestos Program NHDES Air Resources Divisior (603) 271-1373 or (603) 271-   |   |                                   |   |  |
| www.des.nh.gov  2) Site fencing and stabilization p  | plan if applicable                      |                                   |   |  |
| Please explain where/how demolition o  | debris will be disposed:                |                                   |   |  |
|  |   |                                   | *************************************** |  |
|  |   |                                   |   |  |

| Denied: Reason for Denial:             |      |  |
|--|------|--|
| Approved: Stipulation of Approval:     |      |  |
|  |      |  |
| Approved By                            | Date |  |
|  |      |  |
| Inspections Ordered by Code Inspector: |      |  |
|  |      |  |
|  |      |  |



# Quick Reference Guide for Completing the Asbestos Demolition/Renovation Notification Form

Air Resources Division/Compliance Bureau Asbestos Management and Control Program RSA/Rule: RSA 141-E:4, I and II and Env-A 1800



New Hampshire Code of Administrative Rule Env-A 1804 requires the owner or operator of a renovation activity that involves a major asbestos abatement project, or any demolition activity, to submit, by mail or hand-delivery, a completed Asbestos Demolition/Renovation Notification Form and associated fee to the New Hampshire Department of Environmental Services (NHDES) and the local government official, as applicable for the worksite location, at least 10-working days (i.e., Monday through Friday, not including state holidays) before the start of the demolition or renovation project.

Under Env-A 1804.08, a transport and disposal notification is required to be submitted to NHDES prior to any transport and disposal of asbestos-containing material (ACM). Therefore, owners or operators of minor asbestos abatement projects, or any person who transports and disposes of waste that contains ACM, are required to submit a transport and disposal notification.

This quick reference guide identifies the sections of the Asbestos Demolition/Renovation Notification Form that must be completed based on the type of project. For more detailed instructions for completing the form, please review the *Detailed Instructions for Completing the Asbestos Demolition/Renovation Notification Form*.

- **I. Type of Notification** Check **one** box to specify the type of notification.
- II. Project Type Check each box that is applicable to the project.

Fee Enclosed - Required for all demolition, renovation, or emergency notifications that involve the following:

- a. Major asbestos abatement project Class N: \$300
- b. Major asbestos abatement project Class S: \$50
- c. Annual notification: \$1,500
- d. Revised notification: \$25

Demolition is any project that involves the wrecking or taking out of a load-supporting structural member of a facility, or the intentional burning of a facility, regardless of the size of the asbestos abatement project and even when there is no asbestos-containing material present in the facility.

Renovation is the modification of any facility component that involves a major asbestos abatement project. A major asbestos abatement project involves more than 10 linear feet of regulated asbestos-containing material (RACM) on pipes or ducts, 25 square feet of RACM on the surface of structures other than pipes or ducts, or 3 cubic feet of RACM.

Transport & Disposal is the transport and disposal of asbestos-containing waste material. The date of transport must be provided.

Emergency Asbestos Abatement is any major asbestos abatement project that is the result of a sudden,

unexpected event, and immediate abatement is needed due to public health, safety, or economic hardship. The date of the unexpected event must be listed, and a description of the unexpected event and public health, safety, or economic hardship need must be attached to the notification.

III. Facility Information – Required for all notifications.

### IV. Inspection for ACM and Work Details

Asbestos Abatement Supervisor to Perform Abatement and Cert # - Required for all notifications for demolition that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

Asbestos Inspection Conducted by and Date – Required for all notifications for demolition, renovation, or emergency asbestos abatement.

Asbestos Abatement Start and End Dates – Required for all notifications for demolition that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

Demolition Start and End Dates - Required for all notifications for demolition.

Weekly Work Schedule and Time of Day of Work—Required for all notifications for demolitions that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

*Type of Inspection* – Required for all notifications for demolition, renovation, or emergency asbestos abatement.

ACM Present/ Transport & Disposal – Required for all notifications for demolition, renovation, emergency asbestos abatement, or transport and disposal.

ACM to be Abated – Required for all notifications for demolition that involve asbestos abatement or removal of ACM, for renovation, or for emergency asbestos abatement.

List Types of Asbestos and Location in Facility – Required for all notifications for demolition, renovation, or emergency asbestos abatement.

Brief Description of Work Practices – Required for all notifications for demolition that involve asbestos abatement, for renovation, or for emergency asbestos abatement.

- V. Property Owner Information Required for all notifications.
- VI. Asbestos Abatement Contractor Information Required for all notifications for demolition that involve a major asbestos abatement project, for renovation, or for emergency asbestos abatement.
- VII. Demolition Contractor Information Required for all notifications for demolition.
- **VIII. ACM Waste Transporter** Required for all notifications for demolition that involve asbestos abatement or removal of ACM, for renovation, for emergency asbestos abatement, or for transport and disposal.
- **IX. Final Waste Disposal Facility** Required for all notifications for demolition that involve asbestos abatement or removal of ACM, for renovation, for emergency asbestos abatement, or for transport & disposal.
- X. Signature and Certification Required for all notifications.



### **Asbestos Demolition/Renovation Notification Form**

Air Resources Division/Compliance Bureau Asbestos Management and Control Program



RSA/Rule: RSA 141-E:4, I and II and Env-A 1800

See Instructions for Completing the Asbestos Demolition/Renovation Notification Form

| i TYREOKNOTI  | ICATION (CH       | rck One         |  |                                       |   |                        |                      |
|---|-------------------|-----------------|--|---------------------------------------|---|------------------------|----------------------|
| New Notificat   | ion               | Rev             | vised Notification                               | Corrected                             | Notification                                | Cancelled              | Project Notification |
| II. PROJECTIYPE   | (Check All Th     | it Apply        |  | Fee Enclos                            |   |                        |                      |
| Demolition  | Renovation        | on [            | Transport & Disp                                 | osal - date:                          | For Off                                     | icial Use, Do not Writ | e in this box        |
|   |                   |                 | Inexpected event d                               |                                       |   |                        |                      |
|   | fety, or economic |                 | xpected event, and why<br>on a supplemental page |                                       | F102555000000000000000000000000000000000    |                        |                      |
| III. FACILITY INFO  | RMATION           | 11.1            |  |                                       |   |                        |                      |
| Facility Name   |                   |                 |  |                                       |   |                        |                      |
| Street Address  |                   |                 |  | Town/City                             |   | State                  | ZIP Code             |
| Year Constructed  |                   |                 | Size (ft²)                                       | · · · · · · · · · · · · · · · · · · · |   | Number of F            | oors                 |
| Current Use   | /                 | <u> </u>        |  | Prior Use                             |   |                        |                      |
| IV. INSPECTION F  | OR ASBESTOS       | 4C(0)NTA        | INING MATERIAL I                                 | AND WORK DET                          | AILS  |                        |                      |
| Asbestos Abateme  | ent Supervisor    | to Perfo        | orm Abatement:                                   |                                       |   | Ce                     | rt #: AS             |
| Asbestos Abatement Supervisor to Perform Abatement:  Cert #: AS  Asbestos Inspection Conducted by:  Date: |                   |                 |  |                                       |   |                        |                      |
| Type of inspection (Check all that apply): Visual Analytical Testing; or No ACM Present                   |                   |                 |  |                                       |   |                        |                      |
| Asbestos Abatem   | ent               | Demol           | ition  | Weekly Wo                             | CONTRACTOR DESCRIPTION OF COLUMN CONTRACTOR |                        |                      |
| Start Date:   |                   | Start D         | ate:   | Days of Wo                            | rk:   |                        |                      |
| End Date:   |                   | End Da          | te:  | Time of Day                           | of Work:                                    | to                     |                      |
| ACM Present/ Tra  | ınsport & Disp    | osal            | ACM to be  | Abated                                | List Types of A                             | sbestos and Loc        | ation in Facility    |
| Friable   | Non-Friab         | le              | Friable  | Non-Friable                           |   |                        |                      |
| ft  |                   | ft              | ft   | ft                                    |   |                        |                      |
| ft <sup>2</sup>   |                   | ft <sup>2</sup> | ft <sup>2</sup>                                  | ft <sup>2</sup>                       |   |                        |                      |
| ft <sup>3</sup>   |                   | ft <sup>3</sup> | ft <sup>3</sup>                                  | ft <sup>3</sup>                       | f no odod                                   |                        |                      |
| briejly describe W  | ork practices     | to be en        | nployed. Attach ad                               | uitionai pagės į                      | ј пееаеа.                                   |                        |                      |
|   |                   |                 |  |                                       |   |                        |                      |
| L   |                   |                 |  |                                       |   |                        |                      |

Mail or hand deliver to: NHDES Asbestos Management Section, Air Resources Division

29 Hazen Drive, PO Box 95, Concord, NH 03302-0095

| V. PROPERTY OWNER INFORMATION                            |            |          |           |      |                  |          |
|--|------------|----------|-----------|------|------------------|----------|
| Owner's Name   |            |          |           |      |                  |          |
| Owner's Mailing Address                                  | ,          | Town/Cit | У         |      | State            | ZIP Code |
| Owner Contact (If this is the owner, list the name of or | wner)      | <u> </u> |           | -    | -                |          |
| Contact's Phone  | Email (Or  | otional) |           |      |                  |          |
| VI. ASBESTOS ABATEMENT CONTRACTOR IN                     | FORMATIO   | N        |           |      |                  |          |
| Company Name   |            |          |           |      |                  |          |
| Company Mailing Address                                  |            | Town/Cit | ty        |      | State            | ZIP Code |
| Company Contact  |            | Phone    |           | . •  | Email (Optional) |          |
| MIL DEMOLITION CONTRACTOR INFORMATIO                     | NČ         |          |           |      | 33 14 37 11 37   |          |
| Company Name   |            |          |           |      |                  |          |
| Company Mailing Address                                  |            | Town/Ci  | ty        |      | State            | ZIP Code |
| Company Contact  |            | Phone    |           |      | Email (Optional) |          |
| VIII SKONOTOR POLITANNO SESTEDIALMA                      | OTE TRANS  | DEPTER   |           |      |                  |          |
| VIII, ASBESTOS-CONTAINING MATERIAL WAS  Transporter Name | Transporte |          | Vame      |      | Phone Numbe      | er       |
| Transporter Name   | Transporte |          |           |      |                  |          |
| Mailing Address  |            | Town/Cit | y         |      | State            | ZIP Code |
| IX. FINAL WASTE DISPOSAL PACILITY                        |            |          |           |      |                  |          |
| Facility Name  |            |          | Phone Num | ıber |                  |          |
| Street Address   | -          | Town/Cit | у         |      | State            | ZIP Code |
| X.   Certify That the Above Information is C             | Correct    |          |           |      |                  |          |
| Signature  |            | Print Na | ime       |      | 1                |          |
| Title  |            | Date     |           |      |                  |          |
| nue  |            | Date     |           |      |                  |          |

Mail or hand deliver to: NHDES Asbestos Management Section, Air Resources Division 29 Hazen Drive, PO Box 95, Concord, NH 03302-0095

Phone: (603) 271-1373