

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

Check#	
Trans. No	
AmountPaid	

S TA TE USE O N LY

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. NOTIFICAT	ION TYPE				
NEW	EMERGENCY	REVISED,	ITEMS REVISED:		
2. FACILITY O	WNER:				
NAME:		PHONE NO.:			
ADDRESS:					
CITY:			STATE:		ZIP:
B. LOCATION (OF FACILITY TO BE I	DEMOLISHED.	:		
NAME:					
ADDRESS:					
CITY:		CT ZIP: PHONE/CONTACT:			
. INSPECTION	INFORMATION:				
HAS AN ASBES	TOS INSPECTION BEEN	CONDUCTED?	YES NO	DATE OF INSPECTIO	N:
INSPECTOR NA	TOS INSPECTION BEEN	CONDUCTED?		DATE OF INSPECTIO LICENSE #:	
INSPECTOR NA	TOS INSPECTION BEEN		CITY:		N:STATE:
INSPECTOR NA ADDRESS: ZIP:	TOS INSPECTION BEEN		CITY: PHONE NO.:	LICENSE #:	
INSPECTOR NA ADDRESS: ZIP: 5(A.) DEMOLITIO	TOS INSPECTION BEEN AME: ON START DATE:		CITY: PHONE NO.:	LICENSE #: REVISED START	
INSPECTOR NA ADDRESS: ZIP: 5(A.) DEMOLITIO	TOS INSPECTION BEEN AME: ON START DATE:		CITY: PHONE NO.:	LICENSE #:	
INSPECTOR NA ADDRESS: ZIP: 5(A.) DEMOLITIO 5(B.) COMPLETIO	TOS INSPECTION BEEN AME: ON START DATE: ON DATE		CITY: PHONE NO.:	LICENSE #: REVISED START	
INSPECTOR NA ADDRESS: ZIP: 5(A.) DEMOLITIO 5(B.) COMPLETIO	TOS INSPECTION BEEN AME: ON START DATE: ON DATE OILITY:	I	CITY: PHONE NO.:	LICENSE #: REVISED START	



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



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7.	BUILDING DATA:	Size (SQ.FT.	# OF FLOORS:	AGE: YEARS
8.	DEMOLITION CON	TRACTOR:		
NAM	E:		DEMO LICENSE #	
ADDI	RESS:			
CITY:	CITY: CONTACT			
PHON	IE NO.:		STATE:	ZIP:
9.	DEMOLITION DIS	POSAL FACILITY:		
NAM	E:			
ADD	RESS:			
CITY	' :		STATE:	ZIP:
PHO	NE NO.:			
10.	DEMOLITION WA	STE HAULER:		
NAM	E:			
ADD	RESS:			
CITY	:		STATE:	ZIP:
PHO	NE NO.:		_	
	ADDITIONAL SITES	, HAULERS, CONTR	CACTORS	
11.	PERSON COMPLET	TING THIS FORM:		
NAME	≣:			
ADDF	RESS:			
CITY:			STATE:	ZIP:
PHON	NE NO.:			
	SIGNATURE		DA	TE:

(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.