



# DEMOLITION NOTIFICATION APPLICATION FORM

APPLICATION FEE MUST ACCOMPANY THIS FORM  
INCOMPLETE APPLICATIONS WILL BE RETURNED

(Notice will be mailed to the demolition contractor unless specified otherwise)

Fee: \$50 + \$5 per 1000 ft<sup>2</sup> of area to be demolished = \$ \_\_\_\_\_  
(See instruction #1 on reverse side)

Submit form to:  
Permit Coordinator  
Colorado Dept. of Public  
Health and Environment  
APCD-IE-B1  
4300 Cherry Creek Drive  
South  
Denver, CO 80246-1530  
Phone: 303-692-3100  
Fax: 303-782-0278  
Asbestos@state.co.us

Colorado Department  
of Public Health  
and Environment

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name:		
	Street:				Square footage of footprint of facility or portion of facility to be demolished		
	City:	State:	Zip Code:		Street:		
	Telephone # ( )	Fax # ( )			City:	County:	Zip Code:
	Project Manager:	Cell Phone # ( )			Proposed Start Date	Proposed Completion Date	
	I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the facility to be demolished.				Method/Mean of Demolition:		
	Signature:	Print Name:			<input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
Landfill Receiving Building Debris:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator				
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name:		
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street:		
	Date Removal Completed	Telephone # ( )			City:	State:	Zip Code:
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name:	Telephone # ( )	
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as an Asbestos Building Inspector. I also certify that I have thoroughly inspected the facility to be demolished, as listed in the Demolition Site block above, sampled all suspect materials, had all samples analyzed for the presence of asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:			Signature: (In Blue Ink)			Printed Name:
	Date of Final Inspection	CO Cert #	Expiration Date	Telephone # ( )	Cell Phone # ( )		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	<b>CHECK THE APPROPRIATE BOX:</b> <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other   Date: _____						
Signature:						Print Name:	
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380		
Form of Payment & #:			Permit #:		Record #	Date Issued:	

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.

## Demolition Notice Application Form Information and Instructions:

1. To determine the proper amount for the application fee, multiply the length of the building (lineal feet) by the width of the building (lineal feet). Divide the total by 1000, round the result up to the next whole number and multiply this number by 5\$. This is the square footage fee. Add the square footage fee to the base fee of \$50 and submit the total amount to the Division along with the demolition notice application form.  
  
Ex: 40ft. x 52ft. = 2080 square feet;  $2080 / 1000 = 2.08$  (round up to 3);  $3 \times \$5 = \$15$  (square footage fee)  $\$15 + \$50$  (base fee) = \$65 total application fee.
2. In the event that only a load-bearing member is demolished, the square footage fee is calculated the same way as in "number 1". However, you only need to calculate the actual footprint of the load-bearing member.
3. All spaces must be filled in on the application. If the information is not applicable, please write N/A. Incomplete information may result in a delay in processing the application, which may delay your project.
4. We must have proposed start and end dates for the demolition.
5. There is a 10 working-day advance notification requirement for permit applications. Day 1 is the 1<sup>st</sup> business day following the postmark or hand-delivery date. (Working Day means Monday through Friday and including holidays that falls on any of the days Monday through Friday.) If a demolition follows a **permitted** or **noticed** asbestos abatement project within 10 business days of the completion of the abatement project, the 10 working-day advance notification requirement will be waived.
6. The Colorado-certified asbestos inspector must sign the form in blue ink. (Original signature must be submitted.) The building owner or the contractor must also sign the application certifying that all refrigerants and luminous signs have been properly removed from the site.
7. If the notice must be modified after the application has been submitted, notify the Asbestos Unit by fax at 303-782-0278 or e-mail at [asbestos@state.co.us](mailto:asbestos@state.co.us) by the end of the next regular State business day following the modification. Project modifications include discovery of unidentified asbestos-containing materials, changes in scope of work or the scheduled work dates. Please use the Permit/Notice Modification Form.
8. Recycling of materials, such as concrete or wood, that are bonded or contaminated with asbestos-containing material (ACM), such as floor tile or mastic, is NOT permitted.
9. Demolition of a building that has non-friable asbestos-containing materials remaining must be completed without causing the asbestos-containing materials to become friable. Burning a building with any asbestos-containing materials is PROHIBITED. Concrete floors covered with floor tile shall be removed in as large sections as possible. Operations such as crushing, pneumatic jacking, etc. of materials containing asbestos are not permitted.
10. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not. Demolition permits or approval notices appearing to give authority to violate or override the provisions of any other laws or ordinances shall be invalid. Furthermore, demolition permits or approval notices issued in error or based upon incorrect information supplied to the Division shall also be invalid.