



Olympic Region Clean Air Agency  
2940-B Limited Lane NW  
Olympia, WA 98502  
(360) 539-7610 • FAX (360) 491-6308  
Port Angeles Office (360) 417-1466  
Raymond Office (360) 942-2137  
www.ORCAA.org

# Commercial Asbestos Permit

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Asbestos projects within Clallam, Grays Harbor, Jefferson, Mason, Pacific and Thurston counties **REQUIRE A PERMIT** and require that the following conditions be met prior to the demolition, renovation or remodeling.

Olympic Region Clean Air Agency (ORCAA) regulations define an asbestos project as the construction, demolition, repair, remodeling, maintenance, or renovation of any public or private building(s), vessel, structure(s), or component(s) involving the demolition, removal, salvage, disposal, or disturbance of any asbestos containing material.

The following is merely a reference guide and not a substitute for agency regulations.

1. A good faith asbestos survey must be conducted by a certified Asbestos Hazardous Emergency Response Act (AHERA) building inspector. A list of qualified contractors and inspectors may be found in your local Yellow Pages, through the Washington State Department of Labor and Industries, as well as search engines on the Internet. Suspect material must be treated as such;
2. A copy of the asbestos survey and Asbestos Permit must be kept on site and be available for review by Agency inspection personnel;
3. Any and all structures on the same parcel of property that are not proposed to be abated must be identified as such;
4. All asbestos-containing materials (ACM) must be removed in accordance with ORCAA's Regulations;
5. It is the responsibility of the building owner and/or asbestos contractor to ensure all ACM identified (or suspected) in the survey has been removed and properly disposed of;
6. Changes to the permit must be submitted on Agency provided Amendment to Asbestos Permit forms for approval.

## **ADDITIONAL REQUIREMENTS:**

**Residential Project:** Any non-multiple unit building containing space for uses such as living, sleeping, preparation of food and eating, that is owned, used, occupied, or intended or designed to be occupied by one family as their domicile. This term includes houses, mobile homes, trailers, houseboats, and houses with 'mother-in-law apartment' or 'guest room.' *This term does not include structures that are demolished or renovated as part of a commercial or public project; nor does this term include any mixed-use building, structure, or installation that contains a residential unit, or any building that is leased or used as a rental.*

**Emergency Project:** An operation that was not planned but results from a sudden, unexpected event that, if not immediately attended to, presents a safety or public health hazard, is necessary to protect equipment from damage, or is necessary to avoid imposing an unreasonable financial burden. This term includes operations necessitated by non-routine failures of equipment. A letter, explaining in detail the reason for the emergency, must be presented by the owner of the property. **\$50 emergency fee, non-refundable.**



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**Commercial Structure**  
**10 Working Day wait period**  
**PROPERTY OWNER**

**Owner Occupied Residential Dwelling**  
**Prior Notice**

Name:	Phone: ( ) ( ) ( )	Email:	
	FAX: ( ) ( ) ( )	Mobile: ( ) ( ) ( )	
Mailing Address:	City:	State:	Zip:
	Site Contact Person:	Phone: ( ) ( ) ( )	Email:
Site Address:	FAX: ( ) ( ) ( )	Mobile: ( ) ( ) ( )	
	City:	State:	Zip:

**ASBESTOS CONTRACTOR**

Contractor/Business Name:	Phone: ( ) ( ) ( )	Email:	
	FAX: ( ) ( ) ( )	Mobile: ( ) ( ) ( )	
Mailing Address:	City:	State:	Zip:

**PROJECT INFORMATION**

Start Date:	Completion Date:	Work Shift Days: M__ T__ W__ Th__ F__ Sa__ Su__	Work Shift Hours:
# Structures to be abated:	<b>Total Quantity to be removed</b>	Square Feet:	Linear Feet:
<b>Disposal Site:</b>		<b>Will this structure be demolished after asbestos removal Yes__ No__</b>	
<b>Will all identified asbestos be removed from structure Yes__ No__</b>			
<b>Circle Material being removed:</b> __Boiler/Furnace __Duct Insulation __Pipe Insulation __Fireproofing Paints __Plaster __Cement Board __Cement Pipe __Flooring __Roofing __Textured Coating __Other _____			

**ASBESTOS PROJECT CATEGORY**

**NONREFUNDABLE FEE**

1 - <input type="checkbox"/> 10-259 linear or 11-159 square feet	\$150
2 - <input type="checkbox"/> 260-999 linear or 160-4,999 square feet	\$325
3 - <input type="checkbox"/> 1,000-9,999 linear or 5,000-49,999 sq feet	\$650
4 - <input type="checkbox"/> 10,000+ linear or 50,000 square feet	\$1,300
<input type="checkbox"/> Emergency	\$50
<input type="checkbox"/> Annual – limit of 260 linear feet or 160 square feet	\$500

*I have read and will abide by the conditions set forth in this permit and any addendum thereto. I do hereby certify that the information in this application and supplemental data described herein is, to the best of my knowledge, accurate and complete.*

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Application Received	Payment Info.	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Asbestos Permit Permit # ____ASB00____ Demolition Permit Permit # ____DEM00____
	<input type="checkbox"/> Cash <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Credit Card		
<i>Agency Use Only</i>	Receive date: ____/____/____	Reviewed by: _____ <i>Agency Use Only</i>	Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Agency Use Only</i>

10/21/08

OVER