



Olympic Region Clean Air Agency  
2940 Limited Lane NW  
Olympia, WA 98502  
(360) 539-7610 • FAX (360) 491-6308

# Demolition Notification

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**Demolition projects (larger than 120sq. ft.) within Clallam, Grays Harbor, Jefferson, Mason, Pacific, and Thurston counties REQUIRE A NOTIFICATION and require that the following conditions be met prior to the demolition.**

**Olympic Region Clean Air Agency (ORCAA) regulations define a demolition project as the wrecking, razing, dismantling, or burning (by a fire protection agency for training), or removal of any load supporting structural member of a structure, including any related handling operations, making all or part of the structure permanently uninhabitable or unusable.**

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

1. Notifications are required for all demolition projects with a footprint of 120 square feet or larger.
2. An asbestos survey is required for all demolition projects. The survey must be conducted by a certified Asbestos Hazardous Emergency Response Act (AHERA) building inspector. Qualified inspectors may be found in your local Yellow Pages, through the internet, or on ORCAA's website.
3. Asbestos samples must be sent to a NVLAP Laboratory (National Voluntary Laboratory Accreditation Program) per 40 CFR 763.87. A list of labs can be found on ORCAA's website.
4. The start date on demolition projects must be at least 14 days from the submission date of the complete application and payment.
5. It is the responsibility of the property owner and/or demolition contractor to ensure there is no asbestos-containing material (ACM) present in the structure to be demolished or renovated.
6. All structures on the same parcel of property that are not proposed to be demolished must be identified as such.
7. A copy of the asbestos survey and the Demolition Notification must be kept on site and be available for review by Agency inspection personnel.

## **ADDITIONAL REQUIREMENTS:**

In addition to Agency requirements, most building departments require a demolition permit (separate from ORCAA's Notification). The Washington State Department of Labor & Industries may also require notification.

**"Single-Family Residence"** means any structure containing space for use such as living, sleeping, food preparation and eating. This term includes houses, mobile homes, detached garages, houseboats, and houses with a "mother-in-law apartment" or "guest room". This term does not include multiple-family units (i.e., apartment, duplex, condominium, etc.), nor does this term include any mixed-use building, structure, or installation that contains a residential unit.

**Emergency Project:** A project that was not planned but results in a public health or safety hazard; the project must proceed immediately to protect equipment, ensure continuous vital utilities, or minimize property damage; ACM was encountered that was not identified during the survey or the project must proceed to avoid imposing an unreasonable burden. **Additional Non-refundable emergency fee.**



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# Demolition Notification

- Single-family Residence** – Notification fee: \$44.00 – 14 day wait period - Nonrefundable.
- Other Structures** – Notification fee: \$76.00 – 14 day wait period – Nonrefundable.
- Emergency Fee \$63.00** – must be accompanied by letter explaining emergency circumstance.

## PROPERTY OWNER

Name:	Phone:	Email:	
Mailing Address:	City:	State:	Zip:
Site Address:	City:	County:	Zip:

## DEMOLITION CONTRACTOR Check if same as property owner information.

Business Name:	Phone:	Email:	
Onsite Contact:	Phone:	Email:	
Mailing Address:	City:	State:	Zip:

## DEMOLITION INFORMATION (Notification required for any project with footprint greater than 120 Square Feet)

# of structures being demolished:	Start Date:		
Asbestos present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Survey attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has all identified asbestos been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Year Structure Constructed:	Is this a: <input type="checkbox"/> mobile home <input type="checkbox"/> build on-site	<input type="checkbox"/> modular home	

## DEMOLITION PROJECT CATEGORY

Complete Demolition

Training Fire – Fire Agency, Contact, Phone: \_\_\_\_\_

I do certify that I am the owner, authorized agent of the owner, or authorized contractor for the property subject to this ORCAA Notification. I authorize ORCAA staff to enter the property listed in this Notification at reasonable times for purposes of inspecting the work that is the subject of this Notification and to ensure compliance with conditions, applicable laws, and regulations. I understand this Notification does not authorize anyone to violate federal, state, or local laws or regulation pertaining to activities associated with this Notification. I have read and will abide by the conditions set forth in this Notification and any addendum thereto.

I do certify under penalty of perjury under the laws of the state of Washington that the information in this application and supplemental data is, to the best of my knowledge true, accurate and complete

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received	Payment Info. <input type="checkbox"/> Cash <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Credit Card	Asbestos Notification # _____ ASB00 _____ Demolition Notification # _____ DEM00 _____
<i>Agency Use Only</i>	Receive date: ___/___/___ <i>Agency Use Only</i>	<i>Agency Use Only</i>



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# Contractor Asbestos Notification

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

Olympic Region Clean Air Agency (ORCAA) regulations define an asbestos project as any activity involving the abatement, renovation, demolition, removal, salvage, clean up, or disposal of asbestos-containing materials, or any other action that disturbs or is likely to disturb any asbestos-containing materials (ACM). It includes the removal and disposal of stored asbestos-containing materials or asbestos-containing waste material. This term does not include the application of duct tape, rewettable glass cloth, canvas, cement, paint, or other non-asbestos materials to seal or fill exposed areas where asbestos fibers may be released. ORCAA defines ACM as more than 1 percent (1%) of asbestos. Notification is not required for removal and disposal of non-friable asbestos caulking, window glazing or roofing if it meets all the requirements in ORCAA Regulation 6.3.1.

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

1. Certified asbestos contractors can be found on ORCAA's website, on the Washington State Labor and Industries website, as well as conducting an internet search.
2. Asbestos samples must be sent to a NVLAP Laboratory (National Voluntary Laboratory Accreditation Program) per 40 CFR 763.87. A list of labs can be found on ORCAA's website.
3. The start date for asbestos abatement projects must be at least 10 days (14 days if NESHAP project) from the submission date of the complete application and payment.
4. It is the responsibility of the building owner and/or asbestos contractor to ensure all ACM identified (or suspected) in the survey and proposed to be removed, has been removed and properly disposed of in accordance with ORCAA's Regulations.
5. A copy of the asbestos survey, Asbestos Notification, and any subsequent amendments must be kept on site and be available for review by Agency inspection personnel.
6. Use the Asbestos Amendment Notification Form to make changes to the original notification.
7. The original asbestos notification will expire on the Completion Date. To change the completion date, an Amendment form must be received PRIOR to expiration. If the notification expires and the project is not complete, you must submit and pay for another asbestos notification. Under no circumstances will a project be extended beyond 1 year from original submission date.

## **ADDITIONAL REQUIREMENTS:**

**"Single-Family Residence"** means any structure containing space for use such as living, sleeping, food preparation and eating. This term includes houses, mobile homes, detached garages, houseboats, and houses with a "mother-in-law apartment" or "guest room". This term does not include multiple-family units (i.e., apartment, duplex, condominium, etc.), nor does this term include any mixed-use building, structure, or installation that contains a residential unit.

**Emergency Project:** A project that was not planned but results in a public health or safety hazard; the project must proceed immediately to protect equipment, ensure continuous vital utilities, or minimize property damage; ACM was encountered that was not identified during the survey or the project must proceed to avoid imposing an unreasonable burden. **Additional Non-refundable emergency fee.**



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# Contractor Asbestos Notification

NESHAPS Project (14 day wait period)

**PROPERTY OWNER**

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

**ASBESTOS CONTRACTOR**

Contractor/Business Name:	Phone: (    )	Email:	
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>		Linear Feet:
<b>Disposal Site:</b>			
Will all identified asbestos be removed from structure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will this structure be demolished after asbestos removal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Material(s) being removed:</b> ___Boiler/Furnace ___Duct Insulation ___Pipe Insulation ___Fireproofing Paints ___Plaster ___Cement Board ___Cement Pipe ___Flooring ___Roofing ___Textured Coating ___Other _____			

**ASBESTOS PROJECT CATEGORY**

**NON-REFUNDABLE FEE**

1 - <input type="checkbox"/> 10-259 linear or 48-159 square feet	<b>\$190</b>
2 - <input type="checkbox"/> 260-999 linear or 160-4,999 square feet	<b>\$411</b>
3 - <input type="checkbox"/> 1,000-9,999 linear or 5,000-49,999 sq feet	<b>\$822</b>
4 - <input type="checkbox"/> 10,000+ linear or 50,000 square feet	<b>\$1645</b>
<input type="checkbox"/> Emergency	<b>\$63</b>
<input type="checkbox"/> Annual – limit of 260 linear feet or 160 square feet	<b>\$633</b>

I do certify that I am the owner, authorized agent of the owner, or authorized contractor for the property subject to this ORCAA Notification. I authorize ORCAA staff to enter the property listed in this Notification at reasonable times for purposes of inspecting the work that is the subject of this Notification and to ensure compliance with conditions, applicable laws, and regulations. I understand this Notification does not authorize anyone to violate federal, state, or local laws or regulation pertaining to activities associated with this Notification. I have read and will abide by the conditions set forth in this Notification and any addendum thereto.

I do certify under penalty of perjury under the laws of the state of Washington that the information in this application and supplemental data is, to the best of my knowledge true, accurate and complete.

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

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

Date Received	Payment Info. <input type="checkbox"/> Cash <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Credit Card Receive date: ___/___/___ <i>Agency Use Only</i>	Asbestos Notification # ___ASB00_____ Demolition Notification # ___DEM00_____ Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Agency Use Only</i>
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# Single-Family Residence Asbestos Notification

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Olympic Region Clean Air Agency (ORCAA) regulations define an asbestos project as any activity involving the abatement, renovation, demolition, removal, salvage, clean up, or disposal of asbestos-containing materials (ACM), or any other action that disturbs or is likely to disturb any asbestos-containing materials. It includes the removal and disposal of stored asbestos-containing materials or asbestos-containing waste material. This term does not include the application of duct tape, rewettable glass cloth, canvas, cement, paint, or other non-asbestos materials to seal or fill exposed areas where asbestos fibers may be released. ORCAA defines ACM as more than 1 percent (1%) of asbestos.

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

1. Only the homeowner may remove ACM from the residence.
2. It is the responsibility of the building owner to ensure all ACM removed is properly disposed of in accordance with ORCAA's Regulations.
3. A copy of the asbestos survey and Asbestos Notification, as well as any subsequent amendments, must be kept on site and be available for review by Agency inspection personnel.
4. For asbestos projects that will result in a demolition project, asbestos surveys must be submitted with Notification.
5. Submit the Asbestos Amendment Notification Form to make changes to the original Notification.
6. The original asbestos notification will expire at 11:59 pm on the last Completion Date of record. To change the completion date, an Asbestos Amendment Notification form must be received no later than 4:30pm on the last completion date of record. If the notification expires and the project is not complete, you must submit and pay for another asbestos notification. Under no circumstances will a project be extended beyond 1 year from original submission date.

## **ADDITIONAL REQUIREMENTS:**

**"Single-Family Residence"** means any structure containing space for use such as living, sleeping, food preparation and eating. This term includes houses, mobile homes, detached garages, houseboats, and houses with a "mother-in-law apartment" or "guest room". This term does not include multiple-family units (i.e., apartment, duplex, condominium, etc.), nor does this term include any mixed-use building, structure, or installation that contains a residential unit.

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# Single-Family Residence Asbestos Notification

**10 day waiting period prior to start of project. Non-refundable fee: \$44.00.**

Homeowner:	Phone: (    )	Email:	
Mailing Address:	City:	State:	Zip:
Site Address:	City:	County:	Zip:

## PROJECT INFORMATION

Start Date:	Completion Date:	Work Shift Days: __M__T__W__Th__F__Sa__Su	Work Shift Hours:
# of Structures to be Abated:	<b>Total Quantity to be Removed:</b>	Square Feet:	Linear Feet:
<b>Check Material being removed:</b> ____ Duct Insulation    ____ Pipe Insulation    ____ Fireproofing    ____ Paints    ____ Plaster ____ Cement Board    ____ Cement Pipe    ____ Flooring    ____ Roofing    ____ Textured Coating ____ Other _____			
<b>Name and location of Disposal Site:</b>			
<b>Will all identified asbestos be removed from the structure?</b> [ ] Yes    [ ] No			
<b>Will this structure be demolished after asbestos removal?</b> [ ] Yes*    [ ] No			
<b>*Required for demolitions:</b> [ ] Asbestos Survey			

I do certify that I am the owner of the property subject to this ORCAA Notification. I authorize ORCAA staff to enter the property listed in this Notification at reasonable times for purposes of inspecting the work that is the subject of this Notification and to ensure compliance with conditions, applicable laws, and regulations. I understand this Notification does not authorize anyone to violate federal, state, or local laws or regulation pertaining to activities associated with this Notification. I have read and will abide by the conditions set forth in this Notification and any addendum thereto.

I do certify under penalty of perjury under the laws of the state of Washington that the information in this application and supplemental data is, to the best of my knowledge true, accurate and complete.

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

<b>Date Received</b>    <i>Agency Use Only</i>	<b>Payment Info.</b> [ ] Cash [ ] Check: # _____ [ ] Credit Card Receive date: __/__/__ <i>Agency Use Only</i>	<b>Asbestos Notification:</b> # ____ ASB00 ____ <b>Demolition Notification</b> # ____ DEM00 ____ Survey: [ ] Yes    [ ] No <i>Agency Use Only</i>
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