

Mount Joy Borough Demolition Construction Guidelines

- Notify PA One Call at 800-242-1776 or 811 at least three (3) days prior to start of any demolition or excavation.
- No work shall commence prior to the issuance of a Demolition Permit.
- Identify the type and location of site utilities such as gas, electric, water service lateral, public sewer lateral, storm sewer, on-lot well or on-lot sewer system on the site plan.
- Utility disconnections: Service utility connections shall be disconnected and capped in accordance with the approved rules and requirements of the applicable governing authority.
- Properties in which the existing service(s) will be used for future development, the sanitary sewer lateral is required to be cut and capped at the point where the lateral crosses the property right-of-way line and the water service terminated at the curb stop. All costs associated with the disconnection of service(s) is the responsibility of the property owner.
- Properties in which the existing service(s) will not be of use or reconstruction plans have yet to be approved by the Borough, the sanitary sewer lateral must be cut and capped where the sanitary lateral connects to the main and the water service must be disconnected at the water main before demolition begins. All costs associated with the disconnection of service(s) are the responsibility of the property owner. Please contact the Borough Authority @ 717-653-5938.
- A Permit to Occupy the Public Right of Way will be required if there is to be excavation in the right-of-way.
- On-lot wells to be abandoned shall have the pump removed: The shaft shall be filled with clean stone and permanently capped 12" below finished grade.
- When on-lot septic systems are present: (1) Tanks must be pumped. (2) Any associated piping must be removed and properly disposed of and, (3) Tanks must be removed and properly disposed of or abandoned in-place with holes punched in the tank bottom and filled with clean fill.
- Identify on the site plan if any existing underground or aboveground storage tanks (combustible and flammable liquids) are present on the property. A separate permit shall be applied for and obtained prior to the removal of any storage tanks. The permit shall be obtained from the PA Department of Labor and Industry.
- Asbestos shall be removed in accordance with the PA Department of Environmental Protection Air Quality's regulations. (see forms attached) View the department's website at www.debweb.state.pa.us/dep/site/default.asp. Asbestos removal is regulated by the Department of Labor and Industry. Call the PA Department of Labor and Industry at 717-772-3396 for more information.

- ❑ Pedestrian Protection: The work of demolishing and building shall not commence until pedestrian protection is in place.
- ❑ Mount Joy Borough Work Zone Traffic Control Policy and Work Zone Traffic Control Flagger Training Requirements: “Any person performing any work on or near the roadway which may create hazards shall erect traffic-control devices in accordance with the rules and regulations of the department for the maintenance and protection of traffic.” (Title 75, PA Vehicle Code, Section 6123).
- ❑ Site Maintenance: Where a structure has been demolished or removed, the vacant lot shall be filled and maintained to the existing grade. Only clean fill is to be used in backfilling of demolished structures.
- ❑ Water Accumulation: Provisions shall be made to prevent the accumulation of water and damage to any foundations on the premises of adjoining properties.
- ❑ Future Construction: (If applicable) requires backfilling with approved engineered fill or excavation to virgin soil.
- ❑ Notification to neighboring property and business owners is required. A copy of the notification and a list of those notified shall be attached to the permit.
- ❑ Contact Main Street Mount Joy (717-653-4227) to advise of demolition of property. Main Street Mount Joy will verify if property is within the Main Street Corridor. Properties within the Main Street Corridor may still be demolished without further review provided it meets the requirements in the item below.
- ❑ Applicant must confirm that the property proposed for demolition is not a Historic Resource as listed on Appendix 1. Appendix 1 can be viewed on our website or by contacting the Zoning Officer. If the property proposed for Demolition is on the Historic Resource List, the applicant must follow all instructions listed in Section 270-117 and a Conditional Use Application must be submitted and that process must be followed.
- ❑ POTENTIALLY HISTORIC STRUCTURE — Any building or structure that is not an historic resource as listed on Appendix 1 above, but was constructed prior to 1940 must follow the instructions listed below.
- ❑ If a property is a potentially historic resource, The Zoning Officer shall wait a minimum a 45 days after receiving a complete valid application for the demolition before issuing a permit for the demolition. Within ten days after receiving a complete valid application for demolition of a potentially historic structure, the zoning officer shall post notice at the property indicating the pending application and the date of expiration of the waiting period. The Zoning Officer may provide notification to other interested parties, by posting on the Borough’s publicly-accessible website and/or announcement at a public meeting of Borough Council. Emergency demolitions to protect the health, safety and welfare of the citizens of Mount Joy Borough are regulated under the Property Maintenance Code, codified as Chapter 195 of the Mount Joy Borough Code, and the UCC, and the provisions of these codes shall take precedence over the

provisions contained in this section. For assistance with documenting the structure, or questions on salvageable materials please contact the Mount Joy Borough Historical Society at 717-653-4718.

- Prior to issuance of the permit, the applicant shall grant reasonable access to the property for historic and photographic documentation of the potentially historic structure by a non-profit organization established for preservation of historic records.

- A pre-construction inspection to make sure all safety measures are in place and a final inspection shall be conducted in accordance with the Building Code by Commonwealth Codes Inspection Services (Tim Grazan 278-0968).

MOUNT JOY BOROUGH AUTHORITY
SEWER AND WATER SERVICE CHECK LIST FOR DEMOLITION

Inspections: 717-653-0500
Final Meter Readings: 717-653-5938 x 121 Angie Fenicle

- | | | | |
|------------------------------|-----------------------------|--|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Does property have public water and/or sewer service? | <input type="checkbox"/> water
<input type="checkbox"/> sewer |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Has final meter reading been scheduled? | <input type="checkbox"/> water
<input type="checkbox"/> sewer |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Has appointment been scheduled to have water meter removed? | <input type="checkbox"/> water
<input type="checkbox"/> sewer |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Has inspection for disconnection of services been scheduled? | <input type="checkbox"/> water
<input type="checkbox"/> sewer |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Will existing service(s) be of use for future development? | <input type="checkbox"/> water
<input type="checkbox"/> sewer |

DEMOLITION PERMIT CHECKLIST

Complete the following checklist for the building demolition. Items that require an acknowledgement only mark with your initials. Items which do not apply, mark with "N/A" or not applicable.

- _____ Completed Zoning/Construction Permit Application with the required permit fee.
- _____ Property owner's signature is required on application or completed Authorization attached.
- _____ Proof of PA One Call receipt.
- _____ Three (3) copies of the site plan clearly identifying the location and footprint square footage of the structure(s) being demolished.
- _____ Provide a notarized Affidavit for the disconnection of electric and gas. Submit a copy of written confirmation gas and electric service disconnects/removal of service drops/removal of service pipe. Acknowledgment that the electrical and gas service has been disconnected by the serving utility. (form attached)
- _____ Provide confirmation of approved removal of septic system.
- _____ Provide confirmation that existing well has been capped.
- _____ Provide contractor's Insurance Certificate with Mount Joy Borough stated as the certificate holder.
- _____ Proof of compliance with the Department of Environmental Protection's Air Quality's regulations on asbestos in demolition. If asbestos is not present please provide notarized statement.
- _____ Provide a copy of the demolition contract.
- _____ Provide confirmation of approved disconnect from public water and sanitary services.
- _____ Provide a letter with name and location of approved disposal site where debris will be disposed.

**DEMOLITION PERMIT
OWNERS AUTHORIZATION**

Authorization for Demolition provided to: _____

Name: _____

Company name: _____

Address: _____

City: _____

State _____

ZIP Code: _____

Telephone number: _____

() _____

Fax number: _____

() _____

Building and Location (as noted on the attached site plan/lot survey)

Building name (if applicable): _____

Address: _____

City: _____

State: _____

Zip code: _____

Finish and sign this document in the presence of a Notary Public.

I, _____, certify that I am the legal owner of the property noted above. I hereby authorize the following individual, (print name) _____ of (print company name and address) _____

to demolish the building(s) as noted on the attached site plan/property survey located at (print building information and address) _____

Property owner's signature

Date

Print property owner's name

Commonwealth of Pennsylvania)

County of _____)

SS:

On this, _____ day of _____, 20____, before me, _____ a Notary Public, the undersigned officer, personally appeared _____ of _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

Notary Public

My commission expires: _____

UTILITY DISCONNECT AFFIDAVIT

I, _____
(PRINT GENERAL CONTRACTOR/OWNERS NAME)

(ADDRESS) (CELL NUMBER)

**HEREBY AFFIRM THAT ALL ELECTRIC, PLUMBING, SEPTIC
AND GAS SYSTEMS HAVE BEEN DISCONNECTED FROM:**

(PRINT SITE ADDRESS TO BE DEMOLISHED)

(SIGNATURE)

Personally Known or Produced Identification: Type of Identification: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of notary Stamp & Seal



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION
NORTHWEST REGIONAL OFFICE

November 23, 2010

Re: Demolition/Renovations of Structures

Dear Local Government Officials:

Did you know that owners and operators of structures to be renovated and/or demolished in your municipality must meet state and federal asbestos requirements?

Do your residents know that securing a local demolition permit does not guarantee compliance with state and federal asbestos requirements?

The Department of Environmental Protection, Air Quality Program, regulates demolition and renovation operations, under the National Emission Standards for Hazardous Air Pollutants ("NESHAPs") for Asbestos, adopted by the Commonwealth at 25 Pa. Code §124.3. Nearly all demolition operations, regardless of the presence of asbestos, and all renovation operations involving at least 160 square feet, 260 linear feet on pipes, or 35 cubic feet of regulated asbestos-containing material, require ten working days advance notification to the Department and the United States Environmental Protection Agency (USEPA). This regulation applies to public, institutional, commercial and industrial structures, waste disposal sites, ships, individual residential structures having more than four dwelling units, structures burned intentionally for fire training exercises and any group of two or more residential structures under common control.

Buildings that are unsound and in danger of collapse may be excused from the ten day waiting period as provided in 40 CFR 61.145(a)(3) and (b)(3)(iii) when a public demolition order is issued by the local municipality to the property owner.

Emergency renovation operations, defined in 40 CFR 61.141, are also excused from the ten-day requirement. In both instances the applicable notification requirement becomes "As early as possible, but not later than the following working day."

Asbestos Notification forms and instructions are enclosed. The forms are also available online at the PA Department of Environmental Protection website- www.state.pa.us. Select "Search" and click on the word asbestos. The page contains several fact sheets about asbestos as well as links to other related sites.

November 23, 2010

Personnel conducting demolition and/or renovation operations subject to the NESHAP Asbestos Regulation are required to meet certain training requirements and hold certifications issued by the Pennsylvania Department of Labor and Industry (DLI). Additional details are available on the DLI website- www.dli.state.pa.us , by calling 717.772.3396.

Owners and operators of demolition operations are also required under 25 Pa. Code §123.1(c) to take reasonable actions to prevent particulate matter from becoming airborne, and 25 Pa. Code §123.2 prohibits fugitive particulate matter from such operations if the emissions are visible at the point they pass outside the property. A copy of Title 25 Pa. Code is available for review online at www.pacode.com .

Department Air Quality Program staff are available to meet with you to discuss the asbestos regulatory requirements and other regulations as they relate to potential projects in your area.

Please contact me at 814.332.6634, if you have any questions.

Sincerely,



Lori L. McNabb
Environmental Group Manager
Air Quality Program

Enclosures

LLM:ls1



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

Complete all applicable sections of the notification. Fax copies are not accepted, as the notification must be certified with an original signature. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. **Do not mail original notifications to the Department of Labor and Industry.**

Special Notations:

- All REVISIONS to a previous notification should be highlighted
- **Item #5** - Check the box that best describes the entire project
- **Item #6** - The "Job No." portion of this item is provided for those contractors who assign a unique job # to their projects
- **Item #12** - Please provide the information in the format requested
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

For projects in all areas except Allegheny County and the City of Philadelphia, this Notification and subsequent revisions (one original only, **no copies**) must be submitted to the following address.

Regular Mail
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
PO BOX 8488
HARRISBURG, PA 17105-8488

Overnight/Express Mail/Hand Delivery
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
400 MARKET STREET
HARRISBURG, PA 17101

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do **not** send these documents directly to Harrisburg.

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
Attn: Asbestos Abatement Permitting

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4697

Allegheny County - A permit is required if the project involves at least 280 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-886-7576.

If this project is regulated by the Asbestos NESHAP, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)
US EPA Region III
1650 Arch Street
Philadelphia, PA 19103-2029

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

REMINDER: Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.

-- SEE REVERSE FOR LIST OF CONTACTS --

STATE AND LOCAL AGENCY CONTACTS

City of Philadelphia

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597
215-685-7576

Allegheny County

Allegheny County Health Department
Air Quality Program
Building 7
301 38th Street
Pittsburgh, PA 15201-1891
412-578-8133

All Other Counties

DEP Contact

Bradford, Cameron, Centre, Clearfield, Clinton,
Columbia, Lycoming, Montour, Northumberland,
Potter, Snyder, Sullivan, Tioga, and Union

DEP Northcentral Region
208 West 3rd Street - Suite 101
Williamsport, PA 17701-8448
570-327-3838

Carbon, Lackawanna, Lehigh, Luzerne, Monroe,
Northampton, Pike, Schuylkill, Susquehanna,
Wayne, and Wyoming

DEP Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-0790
570-826-2531

Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson,
Lawrence, McKean, Mercer, Venango, and Warren

DEP Northwest Region
230 Chestnut Street
Meadville, PA 16335-3481
814-332-6940

Adams, Bedford, Berks, Blair, Cumberland, Dauphin,
Franklin, Fulton, Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, and York

DEP Southcentral Region
909 Elmerton Avenue
Harrisburg, PA 17110
717-705-4702

Bucks, Chester, Delaware, and Montgomery

DEP Southeast Region
2 East Main Street
Norristown, PA 19401
484-250-5920

Armstrong, Beaver, Cambria, Fayette, Greene,
Indiana, Somerset, Washington, and Westmoreland

DEP Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222-4745
412-442-4174

Labor & Industry Contact

Department of Labor and Industry
Bureau of Occupational and Industrial Safety
Seventh and Forster Streets - Room 1623
Harrisburg, PA 17120
717-772-3396



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Annual Notification <input type="checkbox"/> Cancellation
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location In PA (specify county): _____	
3.	For Allegheny County and City of Philadelphia projects only: A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)	
5.	TYPE OF OPERATION (check one): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: PA Zip Code: _____ Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility size in square feet: _____ # of floors: _____ Age in years: _____	
7.	ABATEMENT CONTRACTOR: Company name: _____ Allegheny County or City of Philadelphia License # (if applicable): _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____	

8. **DEMOLITION CONTRACTOR:**
 Company name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. **FACILITY OWNER:**
 Owner name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

10. **FACILITY INSPECTION (required for renovation and demolition projects):**
 Building Inspector: _____ Certification # _____
 Date of Inspection: _____ Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. **IS ANY TYPE OF ASBESTOS PRESENT** Yes No If Yes, please list in #12

12. **TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.**
PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. **Is this project regulated by NESHAP** Yes No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 180 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement: Start Date: _____ Completion Date: _____
Daily hours of operation: _____ am pm to _____ am pm
Days of week (check) Mo Tu We Th Fr Sa Su

B. Demolition: Start Date: _____ Completion Date: _____
Daily hours of operation: _____ am pm to _____ am pm
Days of week (check) Mo Tu We Th Fr Sa Su

C. Renovation: Start Date: _____ Completion Date: _____
Daily hours of operation: _____ am pm to _____ am pm
Days of week (check) Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

17. WASTE TRANSPORTER(S)

A. Transporter #1 name: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

B. Transporter #2 name: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

A. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

A. Company name/individual: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. Final clearance firm: (if different than 18A) _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
 Final clearance firm was hired by (check one) Contractor Owner
 Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

A. PCM company name/individual: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ am pm
 Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____
Contractor (Individual): _____ Certification #: _____
Supervisor: _____ Certification #: _____
Contractor (Firm) _____ Certification #: _____

******* SIGN BOTH STATEMENTS *******

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

FOR OFFICIAL USE ONLY