

SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT

Northern Region Office
 4800 Enterprise Way
 Modesto, CA 95356-8718
 (209) 557-6400 ♦ FAX (209) 557-6475
 (San Joaquin, Stanislaus and Merced Counties)

Central Region Office
 1990 East Gettysburg Avenue
 Fresno, CA 93726-0244
 (559) 230-6000 ♦ FAX (559) 230-6062
 (Fresno, Madera and Kings Counties)

Southern Region Office
 2700 "M" Street, Suite 275
 Bakersfield, CA 93301-2373
 (661) 326-6900 ♦ FAX (661) 326-6985
 (Tulare and Kern Counties)

DEMOLITION PERMIT RELEASE

The purpose of this form is to verify compliance with or exemption from the National Emission Standards for Hazardous Air Pollutants (NESHAP) asbestos **notification** requirements. It is the Applicant's responsibility to obtain the required signature from the District and return this form to the appropriate city or county building department **prior to obtaining a demolition permit.**

Project Description

Job Site Address: _____	City: _____	Zip Code: _____
Owner's name: _____	Telephone: _____	Fax: _____
Owner's Address: _____	City: _____	Zip Code: _____
Contractor's Name: _____	Telephone: _____	Fax: _____
Contractor's Address: _____	City: _____	Zip Code: _____

1. Facility being demolished:	Yes	No	2. Proposed project:	Yes	No
Single Family Dwelling or Apartment, with four or fewer units.	<input type="checkbox"/>	<input type="checkbox"/>	Single Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe): _____			Subdivision, Retail or Commercial Project	<input type="checkbox"/>	<input type="checkbox"/>
Is demolition by intentional burning?	<input type="checkbox"/>	<input type="checkbox"/>	Public Project (School, Highway, etc..)	<input type="checkbox"/>	<input type="checkbox"/>
			Future use planned	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature of applicant _____ Title _____ Date _____

FOR SJVUAPCD USE ONLY

This certifies that the demolition applicant has satisfied the APCD's notification requirements. The APCD allows the demolition to proceed on or after _____, 200____.

This certifies that the Demolition application is exempt from the APCD's requirements.

District approval on this form only indicates compliance with or exemption from the NESHAP notification requirements. Enforcement action will be taken if asbestos NESHAP violations are found at the project.

Comments: _____

Printed Name: _____	Title _____
:	:
Approval Signature: _____	Date _____
:	: