



**South Coast Air Quality Management District**21865 Copley Drive, Diamond Bar, CA 91765-4182  
Phone: (909)396-2336 (www.aqmd.gov)**Rule 1403 Form Notification of Demolition or Asbestos Removal**

USPS-Mail Form and Fee To:

SCAQMD  
PO Box 55641  
Los Angeles, CA 90074-5641

All Others-Mail Form and Fee To:

Bank of America Lockbox Services  
Lockbox # 55641  
2706 Media Center Drive  
Los Angeles, CA 90065**Demolition Information:** All asbestos containing materials must be removed ~~SULR~~ any demolition activity

Asbestos Removal Company Name \_\_\_\_\_ Date of Asbestos Removal \_\_\_\_\_

Check work practices to prevent, suppress and contain dust, and dust controls to be use at the demolition site

SPRAY WATER EXIT GRATES TARP TRUCKS/BINS FENCE SCREENS STONE TRUCK PADS TIRE WASHING SOIL STABILIZERS OTHER \_\_\_\_\_

**Contingency Demolition Plan:** Check actions to be followed if unexpected asbestos is found during demolition or asbestos material becomes disturbed, crumbled, pulverized or reduced to powder. Disturbed/Damaged ACM requires a Procedure 5 Plan Approval prior to clean-up ( See [Procedure 5 Guidelines](#))

STOP WORK NOTIFY OWNER SECURE STABILIZE POST SIGNS ISOLATE WORK AREA SURVEY CHARACTERIZE WASTE OTHER \_\_\_\_\_

**Ordered Demolition:** Attach a copy of the agency orderAgency Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Order \_\_\_\_\_  
Authorizing Person \_\_\_\_\_ Title \_\_\_\_\_ Date Ordered to Begin \_\_\_\_\_**Waste Information**

<b>WASTE TRANSPORTER #1</b> _____	<b>WASTE STORAGE SITE</b> _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
<b>WASTE TRANSPORTER #2</b> _____	<b>LANDFILL</b> _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

**Contractor Certification:** All contractors or owner/operator submitting this notification must sign this formI certify that an individual trained in the provisions of regulations AQMD [Rule 1403](#) and the [Asbestos NESHAP Title 40 CFR Part 61 Subpart M](#) 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 normal business hours. I hereby certify that all of the information contained herein and information submitted with this notification is true and correct.Company Name \_\_\_\_\_ Title of Owner/Operator \_\_\_\_\_  
Print Name of Owner/Operator \_\_\_\_\_ Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_**Notification Fee:** No notifications shall be considered received pursuant to [Rule 1403](#), unless it is accompanied by the required payment ([Rule 301](#), Table VI). Please make check payable to "SCAQMD". Fees are per notification and vary according to the ~~72002817~~ of asbestos removed or the demolition ~~8,100~~. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See [Fee Information](#))

<b>Project Size Fee:</b> _____	<b>Fee Based on Project Size (sq ft)</b>	<b>Additional Fees</b>
<b>Additional Fee:</b> _____		
<b>Total Fee Due:</b> _____		

**Attention****Keep Three (3) Copies of This Notification Form** for your records, **to post at the worksite**, and to obtain a city demolition permit. See [California Health and Safety Code 19827.5](#) that requires that you provide a copy of the demolition notification to Building and Safety before issuance of a demolition permit. For questions call 909-396-2336. Forms, instructions and [Rule 1403](#) can be obtained from the AQMD website at <http://www.aqmd.gov>. Please mail this signed original notification form, fee, and any attachments to: For USPS: SCAQMD, PO Box 55641, Los Angeles, CA 90074-5641; For ALL OTHER: Bank of America Lockbox Services, Lockbox # 55641, 2706 Media Center Drive, Los Angeles, CA 90065. Mailing saves time, money and reduces traffic and air pollution.**Project #** \_\_\_\_\_