South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182
Phone: (909)396-2336 (www.aqmd.gov)

South Coast AQMD — Rule 1403 Demolition Notification Form

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

This form is for Homeowners (Owner-Residents) submitting Demolition Notifications ONLY
Contractors and Owner-Builders must use the Rule 1403 Notification Web Application*

Notification Type: **Project:** Demolition ☑

Project Type: Routine ⦿   Ordered Demolition (include Order from Government Agency) ○   Fire Training ○

Will a contractor be performing the demolition? **Yes** ○   **No** ○

Will the entire building be demolished? Yes ○   No ○   Size of demolition (in square feet) _____

Original ☑   Cancellation ☐   Revision: Dates ☐   If any other changes must be made to this notification, please call our Asbestos Hotline: (909) 396-2336

Completed by _____ (Please full print name)   Phone # _____   Check # _____   Fee _____   Date _____

Site Information: Copies of this notification and the asbestos survey report must be kept at the worksite during this project

Site Name _____

Site Address _____   Cross Street _____

Site City _____   State _____   Zip _____   County _____

Site Owner _____   Contact _____   Phone _____

Owner Address _____   City _____   State _____   Zip _____

Describe Work _____

Describe Work Location (s) _____

Project Start Date _____   Project End Date _____   Project Work Shift Day ○   Swing ○   Night ○

Total Building Size (in square feet) _____   Number of Floors _____   Building Age (Years) _____   Number of Buildings _____

An Asbestos Survey is REQUIRED Prior to Any Demolition

Asbestos Survey Information   Date of Asbestos Report _____   Name of Inspector _____

Was Asbestos Found?   Yes ○   No ○   Was the Asbestos removed?   YES ○   NO ○   N/A ○

Inspector Certification Expiration Date_____   Inspector Phone # _____   Inspector Email _____

Asbestos Detection Procedures: Check the procedures and analytical methods used to determine the presence of asbestos in the building. See *Survey Checklist*

SURVEY ☐   BULK SAMPLING ☐   INSPECTION ☐   CAC ASSUMED AS ASBESTOS-PACM ☐   PLM ☐   PCM ☐   TEM ☐

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*https://www.aqmd.gov/home/rules-compliance/compliance/asbestos-demolition-removal/r1403-web-app

AQMD USE ONLY:	SCREENED BY	RECEIVED	POSTMARKED	ENTERED BY	NOTIFICATION #

Fees are per Notification and vary according to the demolition SIZE

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Rule 1403 Form Notification of Demolition or Asbestos Removal

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Los Angeles, CA 90074-5641

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Demolition Information: All asbestos containing materials must be removed *prior* to 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 order

Agency Name _____ Phone _____ Date of Order _____

Authorizing Person _____ Title _____ Date Ordered to Begin _____

Waste Information

WASTE TRANSPORTER #1 _____ **WASTE STORAGE SITE** _____

Address _____ Address _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

WASTE TRANSPORTER #2 _____ **LANDFILL** _____

Address _____ Address _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Owner's Name (please Print) _____ Date _____

Signature of Owner _____ Email (of person who completed the form) _____

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 demolition **BUILDING SIZE**. The Revision Amount fee is the difference between the new Project Size Fee category and the original Project Size Fee category (See *Fee Information*)

Project Size Fee: _____

Additional Fee: _____

Total Fee Due: _____

Fee Based on Project Size (sq ft)			Additional Fees		
1,000 or less	$ 81.61	☐	Special Handling Fee	$ 81.61	☐
1,001 to 5,000	$ 249.59	☐	Revision to Notification	$ 30.22	☐
5,001 to 10,000	$ 584.26	☐	Returned Check Fee	$ 25.00	
10,001 to 50,000	$ 916.15	☐			
50,001 to 100,000	$ 1,327.75	☐			
100,001 or more	$ 2,212.92	☐			

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.

[Reset] [Print]

Project # _____