

**South Coast Air Quality Management District**21865 Copley Drive, Diamond Bar, CA 91765-4182
Phone: (909)396-2336 (www.aqmd.gov)**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 TrainingWill 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 _____ Phone # _____ Check # _____ Fee _____ Date _____
(Please full print name)**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 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

*<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

**South Coast Air Quality Management District**

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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 **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: _____	Fee Based on Project Size (sq ft)	Additional Fees
Additional Fee: _____		
Total Fee Due: _____		

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 # _____