

# Chattanooga-Hamilton County Air Pollution Control Bureau Ten Day Notification of Demolition and/or Asbestos Removal

**Bureau Use Only**  
Date Received:

Permit Number:

**Submit 10 working days prior to activity**

TYPE OF NOTIFICATION  Original  Revision  Courtesy  Renewal

**TYPE OF OPERATION:**

Demolition without friable asbestos present. Asbestos Survey Required

Demolition with friable asbestos present. Asbestos Survey Required

Removal of friable asbestos without demolition. Complete the box below

Type of Material Being Removed	Amount	Location

Emergency Demolition  Ordered Demolition (attach copy of order)  Other: \_\_\_\_\_

Start Date for Asbestos Removal Preparation:		End Date for Asbestos Removal Preparation:	
Start Date for Asbestos Removal:		End Date for Asbestos Removal:	
Start Date for Renovation/Demolition:		End Date for Renovation/Demolition:	

**FACILITY INFORMATION**

Present Use: \_\_\_ Commercial \_\_\_ Industrial \_\_\_ Storage \_\_\_ Office \_\_\_ Public Bldg \_\_\_ School \_\_\_ Apartments

Prior Use: \_\_\_ Commercial \_\_\_ Industrial \_\_\_ Storage \_\_\_ Office \_\_\_ Public Bldg \_\_\_ School \_\_\_ Apartments

# of structures being demolished \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

Address of structure(s): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

The owner's name must match Hamilton County Property Assessor's listed registered owner

<http://assessor.hamiltontn.gov/search.aspx>

If the owner is a company the company name must have an active to do business in the State of Tennessee

<https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx>

Property Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Owner or representative email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor's listed as anything other than individual must be activity registered with the

Tennessee Secretary of State <https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx>

**ASBESTOS REMOVAL CONTRACTOR** (Complete if regulated asbestos containing material is going to be removed)

Company Name: \_\_\_\_\_ Office Phone \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact's Email Address; \_\_\_\_\_

**DEMOLITION / RENOVATION CONTRACTOR**

Company Name: \_\_\_\_\_ Office Phone \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact's Email Address; \_\_\_\_\_

**WASTE TRANSPORTER** (If friable asbestos is present)

Company Name: \_\_\_\_\_ Office Phone \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**WASTE DISPOSAL SITE** (If friable asbestos is present)

Company Name: \_\_\_\_\_ Office Phone \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I CERTIFY THAT I AM FAMILIAR WITH THIS PROJECT AND THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AFTER DILIGENT INQUIRY. I ALSO UNDERSTAND THAT WORK MAY NOT COMMENCE ON THIS PROJECT UNTIL I HAVE RECEIVED A PERMIT ISSUED BY THE CHATTANOOGA-HAMILTON COUNTY AIR POLLUTION CONTROL BUREAU. I FURTHER CERTIFY THAT AN INDIVIDUAL CERTIFIED BY THE STATE OF TENNESSEE IN THE REMOVAL OF ASBESTOS WILL BE ON-SITE DURING THE REMOVAL OF ANY REGULATED ASBESTOS CONTAINING MATERIAL.**

Printed Name of Owner or Operator: \_\_\_\_\_

Signed Name of Owner or Operator: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING IS FOR BUREAU USE ONLY**

Permit Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Cash/Check/Credit Card: \_\_\_\_\_

TDEC Notified: \_\_\_\_\_ Receipt No.: \_\_\_\_\_