

Chattanooga-Hamilton County Air Pollution Control Bureau

Bureau Use Only
Date Received:

Ten Day Notification of Demolition and/or Asbestos Removal

Permit Number:

This form must be submitted 10 business days prior to beginning work to the Asbestos Coordinator, John Schultz, at asbestos@chattanooga.gov. Call 423.643.5988 with questions.

TYPE OF NOTIFICATION Original Revision Renewal

The Courtesy Notification can be found online at apcb.org.

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.

Friable Asbestos 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 Building School Apartments

Prior Use: Commercial Industrial Storage Office Public Building School Apartments

Number 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.: _____