

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 to asbestos@chattanooga.gov.

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.: _____