



# Asbestos Demolition/Renovation Notification Form

Air Resources Division/Compliance Bureau  
Asbestos Management and Control Program

RSA/Rule: RSA 141-E:4, I and II and Env-A 1800



**\*Complete all sections of this form in detail.**

**\*See the attached Directions for Completing Your Asbestos Demolition/Renovation Notification Form.**

<b>I. TYPE OF NOTIFICATION</b> (Check One)				
<input type="checkbox"/> New Notification	<input type="checkbox"/> Revised Notification	<input type="checkbox"/> Cancelled Project	Fee Enclosed: \$	
<b>II. PROJECT TYPE</b> (Check All That Apply)				
<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Pickup and Disposal <input type="checkbox"/> *Emergency			For Official Use, Do not write in this box	
*For emergency projects, describe the emergency on a supplemental sheet. Attach any government order requiring the work.				
*Contact the department to obtain waiver # for inclusion on this form. Waiver #: _____ Date Obtained: _____				
<b>III. BUILDING INFORMATION</b>				
Building/Site Name				
Street Address		Town/City	State	ZIP Code
Year Constructed	Size (ft <sup>2</sup> )		Number of Floors	
Current Use		Prior Use		
<b>IV. ACM INSPECTION AND WORK DETAILS</b>				
Asbestos Supervisor to perform abatement: _____ Cert #: <u>AS</u>				
Asbestos Inspection Conducted by: _____ Date: _____				
Type of inspection (Check all that apply): <input type="checkbox"/> Visual <input type="checkbox"/> Analytical Testing <input type="checkbox"/> No ACM Present				
<b>Asbestos Abatement</b>		<b>Demolition</b>		<b>Weekly Work Schedule</b>
Start Date: _____		Start Date: _____		Days of Work: _____
End Date: _____		End Date: _____		Time of Day of Work: _____ to _____
<b>ACM Present</b>		<b>ACM to be Abated</b>		<b>List Types of Asbestos and Location in Building</b>
<b>Friable</b>	<b>Non-Friable</b>	<b>Friable</b>	<b>Non-Friable</b>	
ft	ft	ft	ft	
ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	
ft <sup>3</sup>	ft <sup>3</sup>	ft <sup>3</sup>	ft <sup>3</sup>	
Briefly describe work practices to be employed. Attach additional pages if needed.				

[asbestos@des.nh.gov](mailto:asbestos@des.nh.gov)

Phone (603) 271-1373; Fax (603) 271-7053

PO Box 95, Concord, NH 03302-0095

V. PROPERTY OWNER INFORMATION			
Owners Name			
Owners Mailing Address	Town/City	State	ZIP Code
Owner Contact			
Contact's Phone	Email (Optional)		

VI. ABATEMENT CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone Email (Optional)		

VII. DEMOLITION CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone Email (Optional)		

VIII. ACM WASTE TRANSPORTER				
Transporter Name	Mailing Address	Town/City	State	ZIP Code
Transporter Contact Name	Phone Number			

IX. FINAL WASTE DISPOSAL FACILITY				
Facility Name	Street Address	Town/City	State	ZIP Code
Phone Number				

X. I Certify That the Above Information Is Correct	
Signature	Print Name
Title	Date