



**South Coast Air Quality Management District**  
 21865 Copley Drive, Diamond Bar, CA 91765-4182  
 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

Project Type	DEMOLITION <input type="checkbox"/>	DEMOLITION (Fire Training) <input type="checkbox"/>	ASBESTOS REMOVAL (Renovation) <input type="checkbox"/>	PLANNED RENO (Annual) <input type="checkbox"/>	PROCEDURE 4 PLAN <input type="checkbox"/>	PROCEDURE 5 PLAN <input type="checkbox"/>	Project Urgency	EMERGENCY <input type="checkbox"/>	ORDERED <input type="checkbox"/>
Notification Type	ORIGINAL <input type="checkbox"/>	CANCELLATION <input type="checkbox"/>	REVISION AMOUNT <input type="checkbox"/>	REVISION DATES <input type="checkbox"/>	REVISION OTHER <input type="checkbox"/>	Explain revision amount and other (includes previously notified)			

**Contractor Information:** Notifications should be submitted by the contractor performing the project

CSLB License \_\_\_\_\_ Cal. OSHA REG \_\_\_\_\_ AQMD ID \_\_\_\_\_ CHECK \_\_\_\_\_ FEE \_\_\_\_\_ DATE \_\_\_\_\_ PROJECT # \_\_\_\_\_

Company Name \_\_\_\_\_ List Site Supervisor(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Completed by \_\_\_\_\_ Phone \_\_\_\_\_

**Site Information:** Copies of this notification and the CAC 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 Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_ Project Work Shift Day  Swing  Night

<sup>2</sup>BUILDING SIZE in sq ft \_\_\_\_\_ Number of Floors \_\_\_\_\_ Building Age (Years) \_\_\_\_\_ Number of Buildings or Dwelling Units \_\_\_\_\_

Building Prior Present Use SCHOOL  HOSPITAL  CONDO/APT  PUBLIC BLDG.  INDUSTRIAL  COMMERCIAL  OFFICE  UNIV/COLLEGE  HOUSE  SHIP  OTHER \_\_\_\_\_

Required Building Information ASBESTOS SURVEY? YES  NO  ASBESTOS FOUND? YES  NO  ASBESTOS REMOVED? YES  NO  BUILDING TO BE DEMOLISHED? YES  NO

**Asbestos Information:** Do not provide this information in demolition notifications, see pg 2

Asbestos Amount to be Removed in sq ft

FRIABLE	CLASS I	CLASS II	<sup>2</sup> TOTAL AMOUNT	0.00				
Amount of Each Type of Asbestos in sq ft	ACOUSTIC CEILING	LINOLEUM	INSULATION	FIRE PROOFING	DUCTING	STUCCO	MASTIC	FLOOR TILES (VAT)
	DRYWALL	PLASTER	TRANSITE	ROOFING	OTHER	PLEASE DESCRIBE OTHER TYPE OF ASBESTOS:		

Asbestos Removal From SURFACES  PIPES  COMPONENTS

**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

**Controls:** Check the combination of Rule 1403 procedures used to control asbestos emissions. (Procedure 4 and 5 submit plans for AQMD prior approval)

PROCEDURE NUMBER 1  2  3  4  5

**Emergency Asbestos Removal:** Check the sudden unexpected event and attach a letter from the person affected by the emergency explaining how this event caused unsafe conditions, equipment damage or unreasonable financial burden. For disturbed/damaged asbestos materials see Procedure 5 Guidelines.

FIRE FLOOD WATER DAMAGE EARTHQUAKE NUISANCE VANDALISM HEALTH/SAFETY FINANCIAL BURDEN EQUIPMENT DAMAGE OTHER

Name of Person Declaring/ Authorizing the Emergency \_\_\_\_\_ Phone \_\_\_\_\_ Date of Emergency \_\_\_\_\_ Hour of Emergency \_\_\_\_\_

AQMD USE ONLY: SCREENED BY	RECEIVED	POSTMARKED	ENTERED BY	NOTIFICATION #
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<sup>2</sup>Fees are per Notification and vary according to the <sup>2</sup>TOTAL AMOUNT of asbestos removed or the demolition

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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 \_\_\_\_\_
**Contractor Certification:** All contractors or owner/operator submitting this notification must sign this form
 I certify that an individual trained in the provisions of regulations AQMD Rule 1403 and the Asbestos NESHAP Title 40 CFR Part 61 Subpart M will be on site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. I hereby certify that all of the information contained herein and information submitted with this notification is true and correct.

 Company Name \_\_\_\_\_ Title of Owner/Operator \_\_\_\_\_  
 Print Name of Owner/Operator \_\_\_\_\_ Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

**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 **TOTAL AMOUNT** of asbestos removed or 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: _____	1,000 or less _____	\$ 62.92 <input type="checkbox"/>	Special Handling Fee _____	\$ 62.92 <input type="checkbox"/>
Total Fee Due: _____	1,001 to 5,000 _____	\$ 192.40 <input type="checkbox"/>	Revision to Notification _____	\$ 62.92 <input type="checkbox"/>
	5,001 to 10,000 _____	\$ 450.38 <input type="checkbox"/>	Returned Check Fee _____	\$ 25.00 <input type="checkbox"/>
	10,001 to 50,000 _____	\$ 706.21 <input type="checkbox"/>	Planned Renovation _____	\$ 706.21 <input type="checkbox"/>
	50,001 to 100,000 _____	\$ 1,023.47 <input type="checkbox"/>	Procedure 4 or 5 Plan _____	\$ 706.21 <input type="checkbox"/>
	100,001 or more _____	\$ 1,705.79 <input type="checkbox"/>	Expedited 4 or 5 Plan _____	\$ 353.10 <input type="checkbox"/>

**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 # \_\_\_\_\_

If this project involves the removal of anything load bearing, a notification of Demolition will need to be submitted to South Coast AQMD.

Before any notification can be submitted, please ensure an asbestos survey has been conducted by a Certified Asbestos Consultant (C.A.C.) for anything that is being cut into or removed. If there is asbestos present, it will need to be abated prior to the demolition.

I have provided the link to our website for further information:

<http://www.aqmd.gov/home/rules-compliance/compliance/asbestos-demolition-removal>

Also, here is the link to our F.A.Q.s: •

<http://www.aqmd.gov/docs/default-source/compliance/Asbestos-Demolition-/1403-frequently-asked-questions.pdf?sfvrsn=34>

RI403 Notification Form:

<http://www.aqmd.gov/docs/default-source/aqmd-forms/Asbestos/ri403-form.pdf?sfvrsn=37>

If at any time the homeowner decides to have a contractor do the work, please have the contractor called the Asbestos Hotline for more information. The process is different for a contractor and failure to contact us could lead to delays.

Hope this helps!