



Pinellas County Notification Form

DEMOLITION PROJECT

Air Quality Division

509 East Avenue South, Ste. 138 Clearwater, Florida 33756

Phone: (727) 464-4422 Fax: (727) 453-3548

asbestos@pinellas.gov

AQA# _____

DEP# _____

I. Check at least one item for each type below, check additional items within a type if it applies:

Notice Type:	Original	Revision	Cancellation	On-Hold	Courtesy (Residential Exempt)
Project Type:	RACM Removal Complete	No RACM Detected	After-the-Fact Notice (2)	Unsound Structure (1)	
Facility Type:	NESHAP Applicable	School / University / College	Residential Exempt (Single residential building project AND 4 or fewer dwelling units)		

II. Facility Name:

Address:		Parcel ID:	
City:	County: Pinellas	Zip:	
Bldg. Description:			
# of Bldgs.	# of Floors	Age (Yrs):	Bldg. Size (Sq. Ft.):
Prior Use:			

III. Start Date: _____ **Finish Date:** _____ **Daily Work Hours:** _____ **Weekends?** _____

IV. Emission Controls\\Procedures\\Amounts of Asbestos\\Fee (check or complete all items that apply):

WATER BULLDOZER/HEAVY EQUIP. WRECKING BALL EXPLOSIVES FIRE TRAINING RECYCLING OTHER

Procedures used if unexpected RACM is found or created: Stop/Wet RACM/Call Air Quality/Revise Notice

Actual Demolition Scope Sq. Ft.	Fee Schedule Amount (See Fee Schedule on Page 2)	Fee Due	Make check payable to "PCBCC" with project address in Memo Line and deliver to PCAQD at : 509 East Avenue South, Ste. 138 Clearwater, Florida 33756

Cat I & II Asbestos-Containing Material (ACM)	CAT I SF	CAT I LF	CAT II SF	CAT II LF	Describe Asbestos Material
* Cat I or II ACM that will not be removed prior to demolition.					
Cat I or II asbestos that will be removed prior to demolition.					

* Please Note: Pinellas County Code requires ALL RACM to be removed prior to demolition, including any Cat I or II ACM in good condition that will be ground/abraded/sanded or otherwise made friable by the notified demolition and disposal methods. For any Cat II asbestos that will not be removed prior to demolition, all provisions contained within the asbestos NESHAP must be addressed, and the required procedures must be in place to control/abate any RACM that will be created.

V. Fee Receipt (check one) Mail To: Demolition Contractor Facility Owner Other (Name and Address attached)

VI. I certify that the above information is true and correct to the best of my knowledge.

Signature and Date: _____

Print Full Name: _____

Signature made by: Demolition Contractor Facility Owner Other (Name and Address attached)

Contact Fax #: _____ Contact Phone #: _____
Contact e-mail: _____ Contact Name: _____

(1) **UNSOUND STRUCTURE** - If the facility is being demolished under an order of a State or local government agency, issued because the facility is structurally unsound and in danger of imminent collapse. A copy of the order shall be attached to the notification. The name, title, and authority of the State or local government representative who has ordered the demolition, the date that the order was issued, and the date on which the demolition was ordered to begin must be included. (2) After-the-fact notifications are double the normal fee.

DEP# _____

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AQA# _____

VII. Asbestos Consultant:

Consultant Lic.#: _____

Asbestos Detection/Analytical Procedures: Thorough Asb. Insp./Asb. Survey PLM Point Count Other (Presumed ACM)

VIII. Facility Owner:

Address: _____

City: _____

State: _____

Zip: _____

Contact Name: _____

Contact Email: _____

Phone: _____

IX. Demolition Contractor:

Address: _____

City: _____

State: _____

Zip: _____

Contractor Name: _____

Phone: _____

Contractor Email: _____

Contr. Lic.# _____

Is this project exempt from licensure
under section 469.004(7) F.S.?**X. Waste Disposal:****Landfill Class:**

City: _____

County: _____

State: Florida

Contact Name: _____

Phone: _____

Transporter: _____

Phone: _____

RECYCLING METAL? : YES If yes, where?: _____

RECYCLING CONCRETE? : YES If yes, where?: _____

**Fee
Requirements**

- | | | |
|------------------|-----------------------------|---------|
| 1. Building size | < or = 2000 sq. ft. | \$360 |
| 2. Building size | >2,000 and <5,000 sq. ft. | \$480 |
| 3. Building size | 5,000 - 24,999 sq. ft. | \$600 |
| 4. Building size | 25,000 - 49,999 sq. ft. | \$840 |
| 5. Building size | 50,000 - 74,999 sq. ft. | \$1,080 |
| 6. Building size | 75,000 - 99,999 sq. ft. | \$1,320 |
| 7. Building size | 100,000 sq. ft. and greater | \$1,440 |

8. After-the-fact notifications - **double the normal fee**9. A late revision to a notification is **\$250**.

10. Demolition - Portable commercial structure relocation: the removing from a foundation of any mobile or portable public or commercial structure. The intent is not to destroy or dismantle the structure, but to take out load stabilizing supports to re-support with same, at a new location. (Public or commercial mobile or portable structures include but are not limited to modular buildings, modular offices, portable buildings, and construction trailers). **\$50/Structure**

- The notification will not be accepted without the appropriate fee.
- A separate notification and fee are required for renovations and demolitions.
- If in the course of a demolition or renovation it is determined that the project belongs in a higher fee category than was initially determined, an owner or operator shall re-notify Air Quality and pay the balance of the fee for the higher category.
- The Department's fee requirements are not applicable when the NESHAP demolition or asbestos removal project is in a school, college, university, or a residential dwelling, as residential dwelling is defined in Rule 62-257.200, F.A.C.