

# NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
(MDEQ) AIR QUALITY DIVISION  
NESHAP, 40 CFR Part 61, Subpart M



MICHIGAN DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS (LARA), ASBESTOS PROGRAM,  
P.A. 135 OF 1986, AS AMENDED, Section 220 (1-4) or (8)

**DEQ/LARA USE ONLY**

Postmark Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Rec'd Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Emergency Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Valid No. \_\_\_\_\_  
 OK     Send Def Ltr.    Date of Def Ltr. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 FOLLOW UP \_\_\_\_/\_\_\_\_/\_\_\_\_ Spoke w/ \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Notification No. \_\_\_\_\_ Trans No. \_\_\_\_\_

**Calculate LARA Asbestos Project Fee:** (1% Project Fee)  
 Total Project Cost: \_\_\_\_\_ x 0.01 = \_\_\_\_\_  
 Type of Contractor: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Licensing Authority: \_\_\_\_\_

**1. NOTIFICATION:**  
 Date of Notification: \_\_\_\_\_  
 Date of Revision(s): \_\_\_\_\_  
 Notification Type:  Original     Revised     Canceled     Annual  
**Mark appropriate boxes: (both DEQ and LARA may apply):**  
**DEQ (NESHAP) [260 ln. ft./160 sq. ft. or more is threshold]**  
 Planned Renovation – 10 **working** days notice  
 Emergency Renovation  
 Scheduled Demolition – 10 **working** days notice  
 Intentional Burn – 10 **working** days notice  
 Ordered Demolition  
**LARA (MIOSHA) [Will not accept annual notifications]**  
 Demo, Reno, Encap. (>10 ln. ft./15 sq. ft.) 10 **calendar** days notice  
 Emergency Renovation/Encapsulation

**2. PROJECT SCHEDULE:**

	START DATE	END DATE
* Renovation	_____	_____
+Asb. Removal	_____	_____
+Demolition:	_____	_____
Encapsulation:	_____	_____

**Work Schedule:** Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	_____	_____
Demolition:	_____	_____
Encapsulation:	_____	_____

\* Includes setup, build enclosure, asbestos removal, demobilizing, etc.  
 +Include **only** those dates you are conducting asbestos removal/demo.  
 Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

**3. ABATEMENT CONTRACTOR:** Internal Project #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. DEMOLITION CONTRACTOR:** Internal Project #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. FACILITY OWNER:** ("Facility" includes Bridges)  
 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**6. FACILITY DESCRIPTION:**  
 Facility Name: \_\_\_\_\_  
 Location Address/Description: \_\_\_\_\_  
 \_\_\_\_\_ If Apt. # of units: \_\_\_\_\_  
 City/Twp. \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_ Nearest Crossroad: \_\_\_\_\_  
 Size: (sq. ft.) \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Floor No.: \_\_\_\_\_  
 Age: \_\_\_\_\_ Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_  
 Specific Location(s) in Facility: \_\_\_\_\_

**7. DISPOSAL SITE:**  
 Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

8. WASTE TRANSPORTER 1:	WASTE TRANSPORTER 2:
Name: _____	_____
Address: _____	_____
City/State/Zip: _____	_____
Phone: _____	_____

**9. ORDERED DEMOLITIONS:** (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.  
 Gov't Agency Ordering Demo: \_\_\_\_\_  
 Name/Title of Person Signing Order: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**10. IS ASBESTOS PRESENT?**     Yes     No     To be removed prior to demolition

**Estimate the amount of asbestos:** Include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that **will not** be removed prior to demolition. (**NOTE:** In a demolition, cementitious ACM **cannot** remain in a structure, as it is likely to become regulated in the demolition/handling process. It **must** be removed prior to demolition.)

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM <b>not</b> removed prior to demo.		Units of Measure	
		Category I	Category II		
				<input type="checkbox"/> Ln. Ft.	<input type="checkbox"/> Ln. M.
				<input type="checkbox"/> Sq. Ft.	<input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft.*	<input type="checkbox"/> Cu.M.*

\*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

**NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)**

**11. PROJECT DESCRIPTION:** Complete **A) for Renovation** (asbestos removal/encapsulation) and/or **B) for Demolition:**

**A) RENOVATION:** Mark all surfaces/types of RACM to be removed:

- Piping     Fittings     Boiler(s)     Tanks(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Mag Block     Other (describe) \_\_\_\_\_

**Encapsulation (for LARA):** Mark surfaces/types to be encapsulated:

- Piping     Fittings     Boiler(s)     Tank(s)  
 Beam(s)     Duct(s)     Tunnel(s)     Ceiling Tile(s)  
 Other (describe) \_\_\_\_\_

**Method of removal:** Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**B) DEMOLITION:** Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: \_\_\_\_\_  
 \_\_\_\_\_

**12. ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: \_\_\_\_\_  
 \_\_\_\_\_

**13. UNEXPECTED ASBESTOS:** Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: \_\_\_\_\_  
 \_\_\_\_\_

**14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** **A)** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): \_\_\_\_\_  
 \_\_\_\_\_

**B)** Name, address, and phone number of company performing asbestos survey: \_\_\_\_\_

**C)** Name, accreditation number of inspector, and date of inspection: \_\_\_\_\_

**15. EMERGENCY RENOVATIONS:** Date/time of emergency: \_\_\_\_\_ Describe the sudden, unexpected event: \_\_\_\_\_  
 \_\_\_\_\_

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: \_\_\_\_\_  
 \_\_\_\_\_

**16.** I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the threshold and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

\_\_\_\_\_  
*Signature of Owner or Abatement Contractor      Date*

\_\_\_\_\_  
*Signature of Owner or Demolition Contractor      Date*

**17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by LARA)**  
**Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.**

\_\_\_\_\_  
*Signature of Building Owner or Lessee      Date*

\_\_\_\_\_  
*Signature of Asbestos Abatement Contractor Representative      Date*

**NOTE:** It is not mandatory that a signed copy be sent to LARA unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

**18. I certify that the above information is correct:**

\_\_\_\_\_  
*Printed Name of Owner/Operator      Date*

\_\_\_\_\_  
*Signature of Owner/Operator      Date*

**MAILING ADDRESSES/PHONE NUMBERS:** (See Item 1 to determine which agency requirements/regulations are applicable to your project.)

For **Public Act 135 of 1986, as amended, Section 220 (1-4) or (8)**, mail to address below. For more info visit:  
<http://www.michigan.gov/asbestos>

MIOSHA Asbestos Program  
 LARA, CSHD  
 P.O. Box 30671  
 Lansing, MI 48909-8171

517.322.1320 (office), 517.322.1713 (fax)

For **NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M**, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deg> click on Air, then Asbestos NESHAP Program.

**All Counties (except Wayne County)**

NESHAP Asbestos Program  
 DEQ, AQD  
 P.O. Box 30260  
 Lansing, MI 48909-7760

517.241.7463 (Office)  
 517.373.7064 (Revision Line)

**Wayne County Only**

NESHAP Asbestos Program  
 Detroit Field Office, DEQ, AQD  
 Cadillac Place, Suite 2-300  
 3058 West Grand Boulevard  
 Detroit, MI 48202

313.456.4686



# CHARTER TOWNSHIP OF PORT HURON

3800 Lapeer Road, Port Huron Twp., Michigan 48060

Phone: (810) 987-6600, Fax: (810) 987-6712

## Demolition Requirements per the 2009 Michigan Building Code

No.	CODE REQUIREMENTS	Code Sect.
1	Construction equipment and materials shall be stored and placed so as not to endanger the public, the workers, or adjoining property for the duration of the construction project.	3301
2	Waste materials shall be removed in a manner which prevents injury or damage to persons, adjoining properties and public rights-of-way.	3302.2
3	Work shall not begin until the area is secured to prevent entry including, but not limited to walkways, barriers and signage as necessary for pedestrian and vehicle direction in compliance with all Federal, State and local laws and ordinances	3303.2
4	Where a structure has been removed, the vacant lot shall be filled with approved fill, including the removal of all debris and the re-grading of the property to prevent water accumulation or runoff onto adjacent properties. If proper drainage cannot be verified upon final inspection, a grade survey and/or as-builts may be required to be provided per the Zoning Ordinance.	3303.4 3303.5 40-730 & 40-732
5	<ul style="list-style-type: none"> <li><b><i>If utilities were provided to the structure, provide wrecking clearance letters from the utility companies having jurisdiction and/or appropriate licensed contractors indicating utilities have been disconnected and it is ok to proceed safely, prior to the start of work.</i></b></li> <li><b><i>Contact the PHTwp Department of Public Works at 810-987-6600 and request inspections for the capping and/or discontinuance of all water and sewer connections on site.</i></b></li> </ul>	<b>3303.6</b>
6	Provide temporary sanitary facilities during demolition in accordance with the State Plumbing Code	3305.1
7	<ul style="list-style-type: none"> <li>Provide for protection of Pedestrians during demolition, including the repair, maintenance &amp; removal of all items required by code.</li> <li>Every excavation on a site located 5 feet or less from the street lot line shall be enclosed with a barrier designed to resist wind pressure, and not less than 6 feet high.</li> </ul>	3306
8	Provide for protection of adjoining properties from damage during construction.	3307
9	<ul style="list-style-type: none"> <li>Temporary use of streets for construction or equipment or the storage of materials shall be subject to approval from the St. Clair Co. Road Commission.</li> <li>Equipment and/or materials shall be placed so as to not obstruct free approach to any fire hydrant, department connection, utility pole, manhole, fire alarm box or catch basin.</li> </ul>	3308
10	Provide not less than one approved portable fire extinguisher for structures, in compliance with section 906 of the 2009 MBC and in coordination with the Port Huron Township Fire Department	3309
11	Provide lighting and maintain means of egress for structures as required per code.	3310
12	<ul style="list-style-type: none"> <li>Water supply for fire protection shall be made available as soon as combustible material accumulates.</li> <li>Temporary use of fire hydrants shall be in compliance with the Charter Township of Port Huron Fire Hydrant Utilization Policy and Agreement.</li> </ul>	3311
	<b>Provide certified testing results to verify the absence of asbestos or lead or provide for removal and disposal in compliance with the State guidelines.</b>	<b>State Law</b>
	No grade changes made be made without the Townships approval. The average must not allow storm water runoff onto adjacent properties.	Zoning Ord
	No burning of construction materials permitted.	“
	Call Miss Dig a minimum of 3 working days before you dig at 1-800-482-7171	“