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For revisions to this information use
Amendment...to Perform an Asbestos
 Project, (NWCAA Form No. 570.5)

CASE #:
 NARS #:

FOR AGENCY USE ONLY

Notice of Intent to Perform an Asbestos Project

Type of Project	Project Category (Check only one.)	Advance Notification Period	NWAPA Fee (\$)
A. <input type="checkbox"/> Emergency	1. <input type="checkbox"/> Residential (any amount/owner-occupied)	Prior Notification	25.00
B. <input type="checkbox"/> Demolition	2. <input type="checkbox"/> 10-259 linear feet 48-159 square feet	3 Working Days	150.00
C. <input type="checkbox"/> Renovation	3. <input type="checkbox"/> 260-1,000 linear feet 160-5,000 square feet	10 Working Days	300.00
D. <input type="checkbox"/> Maintenance	4. <input type="checkbox"/> More than 1,000 linear feet More than 5,000 square feet	10 Working Days	500.00
E. <input type="checkbox"/> Encapsulation	5. <input type="checkbox"/> Emergency	Prior Notification	
F. <input type="checkbox"/> Enclosure	6. <input type="checkbox"/> Amendment	Prior Notification	
G. <input type="checkbox"/> Other (specify): _____			

Quantity to be removed/encapsulated: _____ square ft. _____ linear ft.

Workshift Days:
 M T W Th F Sa Su

Project starting date: _____ Completion date: _____

Workshift Hours: _____

Site address: _____
 Street City Zip code County

Location of asbestos: _____

Project description: K-12 School? Yes No School name: _____ Federal facility or marine vessel? Yes No
 Complete demolition of structure? Yes No Asbestos Survey Conducted? Yes No

Facility type: _____ Age: _____ Size: _____ # Floors: _____

Type of material to be removed/encapsulated:

- Fireproofing P.C. ceiling CAB Sheet vinyl Boiler insulation Duct tape
 Duct paper Mag. pipe insulation Air cell CA pipe VAT Other (specify) _____

Is removal: Indoors Outdoors

Control measures & Personal Protection Equipment:

- N.P. enclosure Glove bag Mini enclosure Wrap & cut Water HEPA Vac Type C cont. flow
 1/2 mask APR Full face APR PAPR Type C P. demand Other (specify) _____

Asbestos contractor: _____ Contractor #: _____

Mailing address: _____
 Street City Zip County

Supervisor: _____ Certificate #: _____ Phone: _____

Owner/CEO: _____ Title: _____ FAX: _____

Property owner: _____ Contractor Job #: _____ Phone: _____

Mailing address: _____
 Street City Zip County

Site contact: _____ Title: _____ Phone: _____

Asbestos disposal site: _____

Estimated cost of asbestos abatement project: _____

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

 Signature Date

 Title Representing

