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Application for Resident-Owner Asbestos Project

Agency Use Only

CASE #:

Instructions for completing this form are on the back.
 Please type or print clearly.

ENCLOSE \$25 PROCESSING FEE

AGENCY USE ONLY
 NARS NUMBER

✓ *Clearly print your name and mailing address below*

Name: _____

Address: _____

City, State, Zip: _____

Name of Person Conducting Removal:

Daytime Ph #: _____

Evening Ph. #: _____

Quantity to be removed/encapsulated: _____ (sq. ft.) _____ (linear ft. -for pipe work only)

Project starting date: _____ Completion date: _____

Is this building scheduled for demolition? Yes No

Site address: **THIS MUST BE COMPLETED** (Attach a brief explanation if site address is different from mailing address.)

Street _____ City _____ Zip code _____ County _____

Has material to be removed been sampled and analyzed? Yes No

If No, Please explain _____

Facility type (check all that applies): Single Family Two or more units
 Non-Owner Occupied Owner Occupied

Type of material to be removed/encapsulated: Popcorn Ceiling Sheet Vinyl Flooring Vinyl Asbestos Tiles
 Cement Asbestos Board Duct/Furnace Wrap Boiler Insulation Mag. Pipe Insulation
 Other Pipe Insulation Stucco Plaster Other (specify) _____

Is removal: Indoors Outdoors

Control measures & Personal Protection Equipment:
 ½ Face Respirator Disposable Coveralls Eye Protection Disposable Gloves Wetting
 Rubber Boots Plastic to Contain Debris Wrap & Cut (Pipe Removal) Other (specify) _____

Briefly describe your method of removal: _____

Asbestos disposal site: _____

I CERTIFY THAT I AM THE OWNER OF THIS RESIDENCE AND THAT THE ABOVE INFORMATION IS CORRECT.

Signature _____ Date _____

This form is required when you dispose of asbestos.

This stamped copy is your permit