# DEMOLITION LICENSE APPLICATION

BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

TYPE OF OPERATION: ☐ Total Demolition ☐ Partial Demolition ☐ Ordered Demolition

| FOR OFFICE USE Postmark/Received: | Original/Revised/Cancellation (circle one) ☐ ☐ ☐ | Project License I.D. (For Revisions/Cancellations): |
|---|---|---|

I. FACILITY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

II. IS ASBESTOS PRESENT IN THE FACILITY?: YES ☐ / NO ☐ (check one)

III. DEMOLITION CONTRACTOR: _____ FEDERAL ID NO.: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

E-MAIL ADDRESS: _____ E-MAIL PERMIT ☐ OR MAIL PERMIT ☐

FEDERAL I.D. NUMBER: _____

ASBESTOS REMOVAL CONTRACTOR (If applicable): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

IV. FACILITY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____

SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.): _____

BUILDING SIZE: _____ NO. OF FLOORS: _____ AGE IN YEARS: _____

PRESENT USE: _____ PRIOR USE: _____ FUTURE USE: _____

V. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): _____

COMPANY: _____ PHONE: (_____) _____

DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____

VI. NON-FRIABLE MASTIC, GLUE, AND ADHESIVE ASBESTOS-CONTAINING MATERIALS ***REMAINING IN PLACE DURING DEMOLITION*** *(IF APPLICABLE)*:

| **TYPE** (MASTIC, GLUE, AND ADHESIVE) | **AMOUNT** (SQUARE FEET) |
|---|---|
| | |
| | |
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| | |

VII. SCHEDULED DATES OF DEMOLITION (YOU MUST SPECIFY DATES):

START DATE: _____ COMPLETION DATE: _____

WORK DAYS: _____ WORK HOURS: _____

- ***Applications must be mailed along with a $50.00 fee (payable to SCDHEC) at least 10 working days prior to the scheduled start date. Faxes will not be accepted.***
- ***A copy of an asbestos survey report (no older than 3 years) must accompany the application.***

For additional information concerning regulatory requirements call or visit our Web site at http://www.scdhec.gov/environment/baq/asbestos.aspx

VIII. DESCRIPTION OF PLANNED DEMOLITION METHOD(S) TO BE USED:

| ☐ BULLDOZER | ☐ LOADER | ☐ WRECKING BALL | ☐ MANUAL | ☐ BURNING | ☐ IMPLOSION/EXPLOSION |
|---|---|---|---|---|---|

IF OTHER PLEASE DESCRIBE:

IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION SITE:

X. WASTE TRANSPORTER #1: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: ( _____ ) _____

WASTE TRANSPORTER #2: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: ( _____ ) _____

XI. WASTE DISPOSAL SITE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: ( _____ ) _____

XII. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (PLEASE ATTACH A COPY OF THE ORDER)

NAME: _____ TITLE: _____

AUTHORITY: _____

DATE OF ORDER (MM/DD/YY): _____ DATE ORDERED TO BEGIN(MM/DD/YY): _____

XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XIV. *I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION INVOLVING RACM AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.*

_____ / _____
(SIGNATURE OF OWNER/OPERATOR) (DATE)

XV. *I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.*

_____ / _____
(SIGNATURE OF OWNER/OPERATOR) (DATE)

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