

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

- I. **TYPE OF NOTICE:** ( ) Original ( ) Revision ( ) Canceled  
( ) Annual ( ) Info. Only
- II. **TYPE OF PROJECT:** ( ) Renovation ( ) Demolition  
( ) Ordered Demolition ( ) Emergency Renovation
- III. **SITE INFORMATION:** Name \_\_\_\_\_  
Description: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_
- IV. **OWNER INFORMATION:** Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_
- V. **ASBESTOS REMOVAL CONTRACTOR:** Name: \_\_\_\_\_  
Certification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_
- VI. **CONTRACTOR (Other): Name:** \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_
- VII. **ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):**  
Removal Project Start: \_\_\_/\_\_\_/\_\_\_ Removal Project Stop: \_\_\_/\_\_\_/\_\_\_
- VIII. **DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):**  
Project Start: \_\_\_/\_\_\_/\_\_\_ Project Stop: \_\_\_/\_\_\_/\_\_\_ Prep. Date: \_\_\_/\_\_\_/\_\_\_
- IX. **BUILDING INFORMATION:** Bldg. Size (SQ FT): \_\_\_\_\_ Bldg. Size (LNFT): \_\_\_\_\_  
No. of Floors: \_\_\_\_\_ Age in Years: \_\_\_\_\_  
Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_
- X. **ASBESTOS INSPECTION:**  
Was site inspected to determine presence of asbestos: ( ) Yes ( ) No  
Inspection Date: \_\_\_/\_\_\_/\_\_\_ Asbestos Present? ( ) Yes ( ) No  
Inspector: \_\_\_\_\_ Cert. No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Identify suspect materials sampled: \_\_\_\_\_  
Laboratory Analysis: TEM \_\_\_\_\_ PLM \_\_\_\_\_ Other \_\_\_\_\_  
Name of Laboratory: \_\_\_\_\_
- XI. **QUANTITY OF RACM TO BE REMOVED:**  
Pipes (LN FT) \_\_\_\_\_ Surface Area (SQ FT) \_\_\_\_\_  
Volume of Facility Components(CU FT) \_\_\_\_\_
- XII. **QUANTITY OF NONFRIABLE ASBESTOS** \_\_\_\_\_ **NOT REMOVED** \_\_\_\_\_ **TO BE REMOVED:**  
Category I: \_\_\_\_\_ Category II: \_\_\_\_\_
- XIII. **WASTE TRANSPORTER:** Name: \_\_\_\_\_  
Full Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

