

**APPLICATION FOR PERMIT TO DEMOLISH**  
**SLIPPERY ROCK TOWNSHIP**  
**BUTLER COUNTY, PENNSYLVANIA**

Date: \_\_\_\_\_  
No.: \_\_\_\_\_

Application is hereby made for a permit to demolish, tear down and remove from property located at \_\_\_\_\_, specifically, all those buildings and structures identified as follows:

Type of Buildings: \_\_\_\_\_;

Which presently are erected thereon, and in consideration that you will grant me (us) such a permit, I (we) agree that I (we) will completely demolish, tear down and remove the said buildings and structures on or before the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, and that there is insurance with the \_\_\_\_\_ Insurance Company in the amount of \$\_\_\_\_\_ for Bodily Injury, and in the amount of \$\_\_\_\_\_ for Property Damaged, to guarantee the payment of any claims arising out of this permission. I also will dispose of materials at a DEP approved site and will produce receipts upon completion. All work shall be done in compliance with all Township, State and Federal Laws, Regulations, and Ordinances.

Owner: \_\_\_\_\_  
Printed Name Signature

Contractor: \_\_\_\_\_  
Printed Name By: \_\_\_\_\_

**PERMIT**

**KNOW ALL MEN BY THESE PRESENTS:** That a revocable license is hereby granted to \_\_\_\_\_, **Owner(s)** and to \_\_\_\_\_, **Contractor**, in response to and reliance upon the above application to demolish, tear down and remove the buildings therein above described and presently erected.

Signed: SLIPPERY ROCK TOWNSHIP

By: \_\_\_\_\_  
Title

# Slippery Rock Township, Slippery Rock, Pennsylvania Demolition Permit Checklist

Permit Number \_\_\_\_\_ Permit Date: \_\_\_\_\_ Permit Fee: \$50.00 Payment Received: Check # \_\_\_\_\_

Name and Address of Applicant: \_\_\_\_\_

Permit is hereby made to Demolish a structure or land located at:

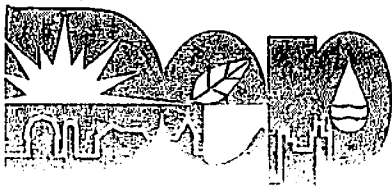
Map & Parcel Number: \_\_\_\_\_

Residence  Commercial Business  Industry

Accessory Building  Other Use

## Demolition Permit Requirements

1. Obtain a Demolition Permit from this office. Fee: \$50.00  **Received**
2. Provide a copy of the Demolition Contractor Liability Insurance.  **Received**
3. Contact Pennsylvania One Call System, Inc. at **1-800-242-1776**, three (3) working days prior to starting demolition.
4. Provide this office with a copy of the One Call verification notice.  **Received**
5. Contact DEP for any permitting.
- 5a. DEP – Renovation operation for Asbestos (Letter and Forms attached)
6. Provide a copy of DEP permitting and Asbestos Abatement & Demolition/Renovation Notification Forms  **Received**
7. Contact all Supply companies (i.e. Fuel, Propane, Electric, Gas, Sewage, Water, etc.)
8. **Private Sewage/Water Must be capped.**
9. Remove all potential hazardous conditions (i.e. Cisterns, private gas wells, etc.)
10. All utilities **Must** be properly capped at the Lot Line and marked as to type.
11. Equipment and Dumpsters **Must** be placed so they do not block Right of Ways or adjoining properties.
12. All construction material **Must** be removed from the site and disposed of properly.
13. DEP Regulations
14. Final Grading and Seeding/ top soil with a minimum depth of 2 inches must be placed across the entire area and the site graded as to prevent the ponding of water or any runoff which may cause damage or a nuisance to the adjoining properties or Right of Ways. The entire area must be seeded with a perennial grass seed, raked under and covered with straw.
15. Contact this office for a Final Inspection (724-794-2369)
16. **RETURN THIS FORM TO THE TOWNSHIP OFFICE WHEN COMPLETED.**



## Pennsylvania Department of Environmental Protection

230 Chestnut Street  
Meadville, PA 16335-3481  
September 26, 2008

Northwest Regional Office

814-332-6940  
Fax: 814-332-6117

Re: Demolition/Renovations of Structures

Dear Local Government Officials:

**Did you know that owners and operators of structures to be renovated and/or demolished in your municipality must meet state and federal asbestos requirements?**

**Do your residents know that securing a local demolition permit does not guarantee compliance with state and federal asbestos requirements?**

The Department of Environmental Protection, Air Quality Program, regulates demolition and renovation operations, under the National Emission Standards for Hazardous Air Pollutants ("NESHAPs") for Asbestos, adopted by the Commonwealth at 25 Pa. Code §124.3. Nearly all demolition operations, regardless of the presence of asbestos, and all renovation operations involving at least 160 square feet, 260 linear feet on pipes, or 35 cubic feet of regulated asbestos-containing material, require ten working days advance notification to the Department and the United States Environmental Protection Agency (USEPA). This regulation applies to public, institutional, commercial and industrial structures, waste disposal sites, ships, individual residential structures having more than four dwelling units, structures burned intentionally for fire training exercises and any group of two or more residential structures under common control.

Buildings that are unsound and in danger of collapse may be excused from the ten day waiting period as provided in 40 CFR 61.145(a)(3) and (b)(3)(iii) when a public demolition order is issued by the local municipality to the property owner.

Emergency renovation operations, defined in 40 CFR 61.141, are also excused from the ten-day requirement. In both instances the applicable notification requirement becomes "As early as possible, but not later than the following working day."

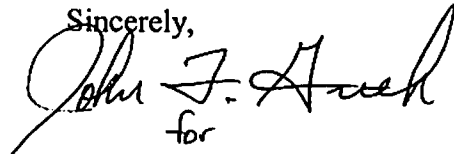
Asbestos Notification forms and instructions are enclosed. The forms are also available online at the PA Department of Environmental Protection website- [www.state.pa.us](http://www.state.pa.us). Select "Search" and click on the word asbestos. The page contains several fact sheets about asbestos as well as links to other related sites.

Personnel conducting demolition and/or renovation operations subject to the NESHAP Asbestos Regulation are required to meet certain training requirements and hold certifications issued by the Pennsylvania Department of Labor and Industry (DLI). Additional details are available on the DLI website- [www.dli.state.pa.us](http://www.dli.state.pa.us) , by calling 717-772-3396, or by contacting Mr. George Drennen, Regional Inspector, at 724-230-0651.

Owners and operators of demolition operations are also required under 25 Pa. Code §123.1(c) to take reasonable actions to prevent particulate matter from becoming airborne, and 25 Pa. Code §123.2 prohibits fugitive particulate matter from such operations if the emissions are visible at the point they pass outside the property. A copy of Title 25 Pa. Code is available for review on-line at [www.pacode.com](http://www.pacode.com) .

Department Air Quality Program staff are available to meet with you to discuss the asbestos regulatory requirements and other regulations as they relate to potential projects in your area.

Please contact me at 814-332-6634, if you have any questions.

Sincerely,  
  
for  
Staci Gustafson  
Environmental Group Manager  
Air Quality Program

Enclosures

SG:LM:JFG:jb



## ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

**Complete all applicable sections of the notification.** Fax copies are not accepted, as the notification must be certified with an **original signature**. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. **Do not mail original notifications to the Department of Labor and Industry.**

- Special Notations:**
- All REVISIONS to a previous notification should be highlighted
  - Item #5 - Check the box that best describes the entire project
  - Item #6 - The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects
  - Item #12 - Please provide the information in the format requested
  - If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

For projects in **all areas except Allegheny County and the City of Philadelphia**, this Notification and subsequent revisions (one original only, no copies) must be submitted to the following address.

Regular Mail  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
PO BOX 8468  
HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
400 MARKET STREET  
HARRISBURG, PA 17101

For projects in **Allegheny County or the City of Philadelphia**, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department  
Air Quality Program  
Building 7  
301 39th Street  
Pittsburgh, PA 15201-1891  
Attn: Asbestos Abatement Permitting

City of Philadelphia  
Department of Public Health  
Air Management Services  
Asbestos Control Unit  
321 University Avenue  
Philadelphia, PA 19104-4597

**Allegheny County** - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

**City of Philadelphia** - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

If this project is regulated by the Asbestos **NESHAP**, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)  
IJS EPA Region III  
1650 Arch Street  
Philadelphia, PA 19103-2029

**Questions** regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

**REMINDER:** Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.

## STATE AND LOCAL AGENCY CONTACTS

### City of Philadelphia

City of Philadelphia  
Department of Public Health  
Air Management Services  
Asbestos Control Unit  
321 University Avenue  
Philadelphia, PA 19104-4597  
215-685-7576

### Allegheny County

Allegheny County Health Department  
Air Quality Program  
Building 7  
301 39th Street  
Pittsburgh, PA 15201-1891  
412-578-8133

### All Other Counties

#### DEP Contact

Bradford, Cameron, Centre, Clearfield, Clinton,  
Columbia, Lycoming, Montour, Northumberland,  
Potter, Snyder, Sullivan, Tioga, and Union

DEP Northcentral Region  
208 West 3rd Street - Suite 101  
Williamsport, PA 17701-6448  
570-327-3638

Carbon, Lackawanna, Lehigh, Luzerne, Monroe,  
Northampton, Pike, Schuylkill, Susquehanna,  
Wayne, and Wyoming

DEP Northeast Region  
2 Public Square  
Wilkes-Barre, PA 18711-0790  
570-826-2531

Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson,  
Lawrence, McKean, Mercer, Venango, and Warren

DEP Northwest Region  
230 Chestnut Street  
Meadville, PA 16335-3481  
814-332-6940

Adams, Bedford, Berks, Blair, Cumberland, Dauphin,  
Franklin, Fulton, Huntingdon, Juniata, Lancaster,  
Lebanon, Mifflin, Perry, and York

DEP Southcentral Region  
909 Elmerton Avenue  
Harrisburg, PA 17110  
717-705-4702

Bucks, Chester, Delaware, and Montgomery

DEP Southeast Region  
2 East Main Street  
Norristown, PA 19401  
484-250-5920

Armstrong, Beaver, Cambria, Fayette, Greene,  
Indiana, Somerset, Washington, and Westmoreland

DEP Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
412-442-4174

### Labor & Industry Contact

Department of Labor and Industry  
Bureau of Occupational and Industrial Safety  
Seventh and Forster Streets - Room 1623  
Harrisburg, PA 17120  
717-772-3396



**ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM**

<b>For Official Use Only</b>	<b>Date Received 1</b>	<b>Date Received 2</b>
Postmark Date: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		
<p><b>NOTICE:</b> This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).</p>		

**REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.**

1.	<b>TYPE OF NOTIFICATION (check one):</b> <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> Annual Notification <input type="checkbox"/> Phase of Annual Notification
2.	<b>PROJECT LOCATION (check one):</b> <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____	
3.	<b>For Allegheny County and City of Philadelphia projects only:</b> A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	<b>WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	<b>TYPE OF OPERATION (check one):</b> <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	<b>FACILITY DESCRIPTION:</b> Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: PA Zip Code: _____ Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility size in square feet: _____ # of floors: _____ Age in years: _____	
7.	<b>ABATEMENT CONTRACTOR:</b> Company name: _____ Allegheny County or City of Philadelphia License # (if applicable): _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____	

8. DEMOLITION CONTRACTOR:  
 Company name: \_\_\_\_\_  
 Street/Rural/POB Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

9. FACILITY OWNER:  
 Owner name: \_\_\_\_\_  
 Street/Rural/POB Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

10. FACILITY INSPECTION (required for renovation and demolition projects):  
 Building inspector: \_\_\_\_\_ Certification # \_\_\_\_\_  
 Date of inspection: \_\_\_\_\_ Is any material assumed to be asbestos?  Yes  No  
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
 \_\_\_\_\_

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT  Yes  No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.  
 PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

<b>Code *</b> <u>Type of ACM</u>	<b>Code **</b> <u>Units</u>	<b>Code ***</b> <u>Type of abatement</u>	<b>Code ****</b> <u>Final Clearance</u>
FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable).	LF - Linear ft. SF - Square ft. CF - Cubic ft.	REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	PCM - Phase contrast microscopy TEM - Transmission electron microscopy

13. Is this project regulated by NESHAP  Yes  No  
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm  
 Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su

B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm  
 Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su

C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm  
 Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su

COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. WASTE TRANSPORTER(S)

A. Transporter #1 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Transporter #2 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**18. WASTE DISPOSAL SITE(S): (any asbestos containing material)**

- A. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**19. AIR MONITORING FIRM(S)**

- A. Company name/individual: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. Final clearance firm: (if different than 19A) \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Final clearance firm was hired by (check one)  Contractor  Owner  
 Other Explain \_\_\_\_\_

**20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)**

- A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**21. FOR EMERGENCY RENOVATIONS:**

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_  am  pm

Description of the sudden, unexpected event:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: \_\_\_\_\_  
Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_  
Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Contractor (Individual): \_\_\_\_\_ Certification #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Contractor (Firm) \_\_\_\_\_ Certification #: \_\_\_\_\_

**\*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\***

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

\_\_\_\_\_  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

\_\_\_\_\_  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**