

REVISION FOR PERMIT/NOTIFICATION

Revisions are NOT approved upon receipt. Revision Forms will be reviewed and if additional information, changes or corrections are needed, the contact person will be notified.

PERMIT NUMBER:		NESHAP NUMBER:	
FACILITY:		FACILITY ADDRESS:	
CONTRACTOR:		CONTACT PHONE:	
CONTACT PERSON:		CONTACT FAX NUMBER:	
ASBESTOS REMOVAL DATES			
ORIGINAL REMOVAL START DATE:		REVISED REMOVAL START DATE:	
ORIGINAL REMOVAL COMPLETE DATE:		REVISED REMOVAL COMPLETE DATE:	
DEMOLITION DATES			
ORIGINAL DEMO START DATE:		REVISED DEMO START DATE:	
ORIGINAL DEMO COMPLETE DATE:		REVISED DEMO COMPLETE DATE:	
ADDITIONAL AMOUNTS OF MATERIALS/FEEES			
TYPE OF RACM	AMOUNT X \$ 0.10 = FEE	TYPE OF RACM	AMOUNT X \$ 0.20 = FEE
Floor tile:	_____ sf x .10 = _____	Pipe Insulation (TSI):	_____ lf x .20 = _____
Ceiling tile:	_____ sf x .10 = _____	Boiler Insulation (TSI):	_____ sf x .20 = _____
Cementitious Board:	_____ sf x .10 = _____	Surfacing Material:	_____ sf x .20 = _____
Roofing:	_____ sf x .10 = _____	Other (sf/cf):	_____ sf/cf x .20 = _____
TOTAL (A)	_____ x .10 = _____	TOTAL (B)	_____ x .20 = _____
(a) TOTAL (A) + (B) = \$ _____		(b) CONTRACT PRICE = \$ _____ x .01 = \$ _____	
TOTAL ADDITIONAL FEE PAID (Whichever is greater, (a) or (b) above): \$ _____			
ADDITIONAL COMMENTS OR OTHER REVISIONS:			
I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			
NAME: _____		TITLE: _____	
COMPANY NAME: _____			
SIGNATURE: _____		DATE: _____	
*** HEALTH HAZARDS CONTROL UNIT USE ***			
RECEIVED BY: _____		DATE RECEIVED: _____	
POSTMARK DATE: _____		PERMITS DATA ENTRY: _____	
FAX TRANSMITTAL INFORMATION			
TO: _____	DATE: _____	TO: <u>HHCUC</u>	DATE: _____
FROM: _____	TIME: _____	FROM: _____	TIME: _____
FAX #: _____	# PAGES: _____	FAX #: <u>919-870-4808</u>	PAGES: _____

INSTRUCTIONS REVISION FOR PERMIT/NOTIFICATION (HHCU 3768-R)

- PURPOSE:** This form shall be used for the required reporting of revisions to any active NC Permit for asbestos removal and/or NC demolition notification.
- PREPARATION:** This form shall be completed when any revisions occur for scheduled start and/or complete dates for asbestos removals and/or demolitions; when additional amounts of regulated asbestos-containing materials (RACM) are to be removed; and for other revisions that substantially alter the originally approved permit or notification.
- INSTRUCTIONS:** Enter the assigned NC Permit Number and/or NESHAP ID Number of the approved permit or notification to be revised.
- Complete the facility name and address; contractor's name and address; contact person's name and contact person's telephone number.
- Indicate any revisions in start and/or complete date(s) as indicated—being sure to indicate properly whether it is a removal date revision or a demolition date revision.
- If the amounts of RACM being removed are to be revised, enter the ADDITIONAL amounts in the corresponding blanks and compute the additional fees accordingly.
- Type in or print legibly the certifying individual's name, title, and company name. The certifying individual must sign and date the form as indicated.
- FAX TRANSMITTAL INFORMATION:** The HHCU accepts telefaxed revisions. Fax revisions to 919-870-4808. Telefaxed revisions received by the HHCU are initialed, dated, and faxed back to the individual who signed the Revision Form. It is the contact person's responsibility to assure the faxed revision is received, signed, and faxed back to confirm receipt. Revisions are NOT approved upon receipt. Upon review of the Revision Form, if additional information, changes or corrections are needed, the contact person will be notified.
- GUIDELINES:** If a removal and/or demolition is to begin earlier than the original start date, the Revision shall be received by the HHCU at least 10 working days before the new start date.
- Removals and/or demolitions may be placed in "on hold" status; however, the work must be conducted within 12 months from the original start date. If not, the original permit or notification is automatically canceled. The owner or his representative must submit a revision giving the new start and complete dates prior to resuming work on the project.
- For revisions with additional amounts of RACM to be removed, the revision should include the Abatement Designer and Supervising Air Monitor if the total RACM to be removed exceeds 3,000 SF, 1,500 LF, or 656 CF in a public area. An additional contract price should be included when additional amounts are added, unless removal is being conducted by in-house personnel.
- To calculate fees for sheetrock/drywall, use 10% of the total square footage of sheetrock/drywall to be removed (i.e., $1600 \text{ Total SF} \times \$0.10 = 160 \times \$0.10/\text{SF} = \16.00).
- To calculate fees for RACM roofing, use $160 \text{ SF} \times \$0.10 (\$16.00)$ for each 5,580 SF or roofing cut with a rotary blade saw (i.e., $\text{Roofing area} = 22,320 \text{ SF}$; then $22,320 \div 5,580 = 4$; then $4 \times 160 \times \$0.10 = \64.00).