

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: _____ Fax: _____
Contact Person: _____ Contact Person Email: _____

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
Flooring/Mastic:	_____ sf x .10 = \$ _____	Pipe Insulation (TSI):	_____ lf x .20 = \$ _____
Ceiling Tile:	_____ sf x .10 = \$ _____	Boiler Insulation (TSI):	_____ sf x .20 = \$ _____
Cementitious (Roofing/Siding/Panels):	_____ sf x .10 = \$ _____	Surfacing Material: (e.g., Textured Ceiling, Fireproofing, Plaster, etc.)	_____ sf x .20 = \$ _____
Roofing:	_____ sf x .10 = \$ _____	Other (sf/cf):	_____ sf/cf x .20 = \$ _____
Other: (e.g. Drywall/Joint Compound Wallboard System) See Guidelines on page 2 for more details.	_____ sf/cf x .10 = \$ _____		
TOTAL (A):	_____ sf/cf x .10 = \$ _____	TOTAL (B):	_____ lf/sf/cf 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: _____

INSTRUCTIONS REVISION FOR PERMIT/NOTIFICATION (HHCUC 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 National Emission Standards for Hazardous Air Pollutants (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, telephone number and email.

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 Health Hazards Control Unit (HHCUC) accepts telefaxed revisions. Fax revisions to 919-870-4808. Telefaxed revisions received by the HHCUC 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.

We also accept this form via email: general.hhcu@dhhs.nc.gov

GUIDELINES: If a removal and/or demolition is to begin earlier than the original start date, the Revision shall be received by the HHCUC 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 joint compound used in sheetrock/drywall wallboard systems, use 10% of the total square footage of sheetrock/drywall to be removed (example: 1600 Total SF of wall x .10 = 160 x \$0.10/SF = \$16.00 in fees). **Note the total square footage of sheetrock and joint compound to be removed before adding the (10%) calculation to determine the applicability of the permit (160 total SF or greater before the calculation would require an asbestos removal permit).** See Guidelines on page 2 for more details.

To calculate fees for RACM Category I roofing cut by a rotating blade cutter, divide the total square footage of the roof by 5,580. Multiply this number by 160. The resulting number is then multiplied by \$.10 to get the total permit fee. (example: Roof Area 22,320 square feet / 5,580 = 4 x 160 x \$0.10 = \$64.00 fees).