PLEASE MARK APPROPRIATE BOX: PROJECT NO:						
□ NEW □ REVISED						
** REVISION CHANGES:						

# Nevada Department of Business and Industry Division of Industrial Relations Occupational Safety and Health Administration



## **Southern District Office**

3360 W. Sahara Avenue Suite 200 Las Vegas, NV 89102 Phone: (702) 486-9020

Fax: (702) 990-0360

## **Northern District Office**

4600 Kietzke Lane Building F, Suite 153 Reno, NV 89502

Phone: (775) 688-3700 Fax: (775) 688-1378

#### **EMERGENCY PROJECT?**

(Must have approval first)

## ASBESTOS ABATEMENT PROJECT NOTIFICATION FORM

An Asbestos Abatement Contractor intending to engage in an Asbestos Abatement Project in Nevada is required to submit a Notification Form and Fees, which must be received by mail at the Division Office 10 calendar days before beginning any On-Site work at the Asbestos Abatement Project. FAXES WILL NOT BE ACCEPTED FOR ORIGINAL NOTIFICATIONS. (When revising original notification, please send all pages of the Notification Form.) Revisions to the start date must be submitted prior to the listed start date below.

PART A		GENERAL INFORMATION	<u>ON</u>					
1.	Name of Contractor:							
	Mailing Address:							
	City:		State:	Zip:				
	Contact Name:	Telephone No: _		Email:				
2.	Name of the Building C	Owner:						
	Owner's Address:							
	City:		State:	Zip:				
	Contact Name:	Telephone No: _		Email:				
3.	Description of the Build	ding/Structure:						
	Building/Structure Addr	ess:						
	City:		State:	Zip:				
	Building Age (Years):	Usage of Building:						
	Building Size: Total Floor Space (Square Feet): No. of Floors:							
PART B	B DESCRIPTION OF PROPOSED ASBESTOS ABATEMENT PROJECT							
1.	Project Type:							
2.	Project Schedule:	Start Date	Finish Date					
3.	Amount of ACM Affected:				LN FT			
4.	. Description of ACM Type and Nature:							

5.	Containment	Measures and Work Practices (Be Specific):					
the	Division. The	ATION FEES: (NOTE – No Project Notification Form is comaximum Project Notification Fee required to be paid in the project Notification Fee required to be paid in the project Notification Fee required to be paid in the project Notification of Industrial Related Project Notification Notificat	in any cale				
	\$100.00	For each project greater than 10 SQ FT or 25 LN FT,	, and less	than 160 SQ FT or 260 LN FT.			
	\$400.00	For each project greater than or equal to 160 SQ FT	or 260 LI	N FT, and less than 1600 SQ FT or 2600 LN FT			
	\$1,000.00	For each project greater than or equal to 1600 SQ F	FT or 2600	) LN FT.			
RT C		FINAL CLEARANCE					
1.	Project Monitor: (Name of Consultant who will provide the Final Clearance for the project.)						
	Name and Ne	vada OSHA License No. for each Consultant on the pro	ject:				
	<u>Name</u>			OSHA License No.			
	Name of Firm	:		Telephone No:			
2.	Will the Project Monitor also provide employee exposure monitoring for this project? Yes $\square$ No $\square$						
3.	Will the Project Monitor perform On-Site asbestos analysis? Yes $\square$ No $\square$						
4.	<b>Project Designer:</b> (Name of Consultant who formulated the plan and the written specifications for conducting the project						
	for the abatement of asbestos.)						
	Name and Ne	vada OSHA License No. for each Consultant on the pro	ject:				
	<u>Name</u>	·		OSHA License No.			
	Name of Firm	:		Telephone No:			
RT D		WASTE DISPOSAL					
1.	Name and Address of Waste Transporter/Hauler:						
	Name:			License No:			
	Address:						
	City:		State: _	Zip:			
2.	Name and Location of approved Asbestos Waste Disposal Site(s):						
	Operator:						
		ress:					
	City:		State:	7in∙			