

Official Use Only

Paid: \$
Check #:
M.O. #:
Date:

VERMONT DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH
Asbestos and Lead Regulatory Program
Drawer 30
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

PERMIT APPLICATION FOR ASBESTOS ABATEMENT PROJECT

(Refer to Vermont Regulations for Asbestos Control [VRAC] for Complete Rules on Notification)

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND LEGIBLY

ORIGINAL REVISION (date) _____ If Revision: Permit # _____ Fee Amount: \$ _____

Name of Abatement Entity: _____ Ph: _____ Fax: _____

Street Address of Abatement Entity: _____

City: _____ State: _____ Zip: _____

Abatement Entity VT Certification #: _____ Certification Expiration Date: _____

Name of Abatement Project: _____

Street Address of Abatement Project: _____

Parcel ID: _____ City: _____ Zip: _____

Name of Facility Owner: _____ Ph: _____

Street Address of Facility Owner: _____

City: _____ State: _____ Zip: _____

Facility is (check one): Commercial Industrial School/University Public Private Residential Rental Other

***Specify Type, Amount, and Location of Each Asbestos Containing Material Involved in the Project:**

***Type of Abatement Activity to be Performed:** (check all that apply)

Removal Repair Encapsulation Enclosure Cleanup Demolition Emergency

***Total Amount of Asbestos Containing Material Involved:** _____ Ln. ft. _____ Sq. ft. Other _____ Units _____

PLEASE ATTACH A DRAWING OF THE WORK AREA TO INCLUDE CONTAINMENT, NEG. AIR, AND DECON LOCATIONS. **

***Starting Date:** _____ ***Completion Date:** _____

Work Schedule (if differs from M-F, 7 A.M. – 4 P.M.): _____

Name of On-Site Supervisor and VT Certification #: _____

Name of Clearance Consultant and VT Certification #: _____

***Alternative Work Procedures Requested:** Yes No If yes, provide an attachment describing specifics as per VRAC 2.6.**

Name and Address of Final Disposal Site: _____

Notification Sent to the Following Agencies (NESHAP, etc) : _____ If so, please attach copies.**

IF THIS IS A DEMOLITION, PLEASE INCLUDE COPY OF ASBESTOS SURVEY REPORT(S).**

Print: _____ Signature: _____ Date: _____

Name and Signature of Notification Preparer

***Permit Revision Fee Applies**

** Failure to submit required documents may delay the review process.