



Notification of Demolition and Renovation Form

Single & Multi-Structure

Division of Air Pollution Control

Operator Project #:		<i>For Official Use Only</i>								
		<input type="checkbox"/> Hand-Delivered	Postmark	/	/	Received by Office	/	/	Notification #	
1 Notification Type (check one)										
<input type="checkbox"/> Original		<input type="checkbox"/> Revision #		Section #'s Revised:		Offsite/Hold		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Cancellation
2 Facility Description (include building name, number and floor or room number). If more than one structure, use Multi-Structure Attachment form										
Building Name (if applicable) Westbound State Route 2 Bridge over Worden					Site Location Westbound State Route 2 over Worden Road					
Address Westbound State Route 2 Bridge over Worden Road					County Lake					
City Wickliffe					State OH		Zip			
Building Size (ft ²) Not Applicable					No. of Floors Not Applicable		Age (years) ~60			
Present Use Bridge					Prior Use Bridge					
3 Type of Operation (check one)										
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Emergency Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training <input type="checkbox"/> Annual <input type="checkbox"/> Courtesy										
4 Is Asbestos Present? (check one)										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No, previously abated Year Abated (if applicable):										
5 Owner/Coordinating Entity, Asbestos Abatement Contractor and Onsite Demolition Contractor Information										
Is this project part of a larger project or urban demolition (installation)?					Does this notification include more than one structure?					
<input type="checkbox"/> Yes (list contact information for coordinating entity below)					<input type="checkbox"/> Yes (complete the Multi-Structure Attachment Form)					
<input checked="" type="checkbox"/> No (list contact information for property owner below)					<input checked="" type="checkbox"/> No					
Owner/Coordinating Entity Ohio Department of Transportation, District 12										
Address 5500 Transportation Boulevard					County Cuyahoga					
City Garfield Heights					State Ohio		Zip 44125			
Contact Mr. Mark Carpenter					Phone (216) 581 - 2100		Fax (216) 584 - 2274			
Asbestos Abatement Contractor (if applicable)					On-site Demolition Contractor or Fire Department (if applicable)					
Name					Name					
Address					Address					
City		State		Zip		City		State		Zip
Contact					License #: AC					
Phone () -		Fax () -		Phone () -		Fax () -		Phone () -		Fax () -
Email					Email					
6 Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure										
Evaluation Specialist: John Worthy					License #: ES 34782		Expiration Date 01 /15 /2017			
Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of regulated asbestos-containing material (RACM) and Category I and Category II nonfriable asbestos-containing material: <input type="checkbox"/> PLM <input type="checkbox"/> Point Count <input type="checkbox"/> TEM <input type="checkbox"/> Other Method (Explain Below):										
No building materials suspect for containing asbestos were identified during the physical inspection.										
7 Approximate Amount of Asbestos-Containing Materials (complete table below and Section 11 if asbestos is present)										
	Material to be Removed					Material NOT to be Removed				
	RACM	Nonfriable Asbestos-Containing Material				Nonfriable Asbestos-Containing Material				
		Category I		Category II		Category I		Category II		
Pipes (linear feet)										
Surface Area (ft ²)										
Facility Components ft ³ yd ³										
8 Scheduled Dates of Demolition or Renovation (original notification is required 10 working days prior to the start of work)										
Start / /					Complete / /					
9 Asbestos Removal Dates and Work Hours (if applicable, for asbestos removal only)										
Start / /					Complete / /					
Hours Onsite	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
	-	-	-	-	-	-	-			

10 Planned Demolition or Renovation Work (check all that apply)					
Description of planned demolition or renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used:					
<input type="checkbox"/> Implosion <input type="checkbox"/> Fire Training <input type="checkbox"/> Wet Methods <input type="checkbox"/> Manual Demolition <input type="checkbox"/> Mechanical Demolition <input type="checkbox"/> Other (Explain Below)					
Description of affected facility components (include attachment if necessary)					
11 Asbestos Description and Engineering Controls (if asbestos is being abated)					
For the amount of each material listed in Section 7, describe the type(s) of ACM to be abated as well as engineering controls and work practices to be used to minimize emissions and ensure proper waste handling:					
12 Asbestos Waste Transporters (if applicable)					
Asbestos Waste Transporter #1			Asbestos Waste Transporter #2		
Address			Address		
City	State	Zip	City	State	Zip
Contact			Contact		
Phone () -	Fax () -		Phone () -	Fax () -	
Email			Email		
13 Asbestos Waste Disposal (if applicable)					
Asbestos Waste Disposal Site			Contact		
Address			Email		
City	State	Zip	Phone () -	Fax () -	
14 Emergency Demolition (complete this section if you checked Emergency Demolition in Section 3)					
A copy of the issued order, including the following information, must be attached to this notification.					
Government Official Issuing Order			Title		
Agency			Authority of Order (Citation of Code)		
Date of Order / /			Demolition Date / /		
15 Emergency Renovation (complete this section if you checked Emergency Renovation in Section 3)					
A separate sheet with the following information must be attached to this notification					
Date of Emergency / /			Time of Emergency		
Description of Sudden, Unexpected Event					
Explanation of how the event caused unsafe conditions or equipment damage					
16 Procedures to be followed should unexpected RACM be discovered (check all that apply)					
<input type="checkbox"/> Stop work and keep wet		<input type="checkbox"/> Evacuate area		<input type="checkbox"/> Contact licensed abatement contractor	
<input type="checkbox"/> Contact district office/local air authority		<input type="checkbox"/> Demarcate area		<input type="checkbox"/> Other (Explain Below)	
17 Asbestos Abatement Signature (only sign below if asbestos is being removed)					
In accordance with Ohio Administrative Code rule 3745-20-03(A)(4)(p), I certify that at least one person trained as required by paragraph (B) of rule 3745-20-04 of the Administrative Code will supervise the stripping and removal described by this notification.					
Signature			Date / /		
Name, Title and Organization (please print)					
18 Demolition and Renovation Signature (required for all original and revised notifications)					
Signature			Date / /		
Name, Title and Organization (please print)					
Original notification must be mailed or hand-delivered at least 10 working days (Monday – Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations which must be submitted as soon as possible before operations begin, but no later than the following work day.					



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	<input type="checkbox"/> Original	<input type="checkbox"/> Revision #	Section #s Revised:	Offsite/Hold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cancellation	
2	Facility Description (include building name, number and floor or room number). If more than one structure, use Multi-Structure Attachment form						
Building Name (if applicable)	Eastbound State Route 2 Bridge over Worden		Site Location	Eastbound State Route 2 over Worden Road			
Address	Eastbound State Route 2 Bridge over Worden Road		County	Lake			
City	Wickliffe		State	OH	Zip		
Building Size (ft ²)	Not Applicable		No. of Floors	Not Applicable		Age (years)	~60
Present Use	Bridge		Prior Use	Bridge			
3	Type of Operation (check one)						
	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Emergency Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Fire Training	<input type="checkbox"/> Annual	<input type="checkbox"/> Courtesy
4	Is Asbestos Present? (check one)						
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No, previously abated	Year Abated (if applicable):			
5	Owner/Coordinating Entity, Asbestos Abatement Contractor and Onsite Demolition Contractor Information						
Is this project part of a larger project or urban demolition (installation)?			Does this notification include more than one structure?				
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<input checked="" type="checkbox"/> No (list contact information for property owner below)			<input checked="" type="checkbox"/> No				
Owner/Coordinating Entity	Ohio Department of Transportation, District 12						
Address	5500 Transportation Boulevard		County	Cuyahoga			
City	Garfield Heights		State	Ohio	Zip	44125	
Contact	Mr. Mark Carpenter		Phone	(216) 581 - 2100	Fax	(216) 584 - 2274	
Asbestos Abatement Contractor (if applicable)			On-site Demolition Contractor or Fire Department (if applicable)				
Name			Name				
Address			Address				
City	State	Zip	City	State	Zip		
Contact	License #: AC		Contact				
Phone () -	Fax () -		Phone () -	Fax () -			
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6	Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure						
Evaluation Specialist:	John Worthy		License #:	ES 34782		Expiration Date	01 /15 /2017
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