



DEMOLITION LICENSE APPLICATION

BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

TYPE OF OPERATION: Total Demolition Partial Demolition Ordered Demolition

FOR OFFICE USE Postmark/Received: _____	Original/Revised/Cancellation (circle one)	Project License I.D. (For Revisions/Cancellations): _____
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I. FACILITY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: ZIP:

CONTACT PERSON: _____ PHONE:

II. IS ASBESTOS PRESENT IN THE FACILITY?:

III. DEMOLITION CONTRACTOR:

FEDERAL ID NO.:

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PERSON: _____ PHONE:

REMOVAL CONTRACTOR (if applicable):

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PERSON: _____ PHONE:

IV. FACILITY NAME: _____

STREET ADDRESS: _____

CITY/STATE: _____ COUNTY: _____

SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.): _____

BUILDING SIZE: _____ N/A _____ NO. OF FLOORS: _____ N/A _____ AGE IN YEARS:

PRESENT USE: _____ N/A _____ PRIOR USE: _____ N/A _____ FUTURE USE: _____ N/A _____

V. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): _____

COMPANY: _____ PHONE:

DHEC LICENSE NUMBER: EXPIRATION DATE:

VI. NON-FRIABLE CATEGORY I AND CATEGORY II ASBESTOS-CONTAINING MATERIALS **REMAINING IN PLACE DURING DEMOLITION** (IF APPLICABLE)

TYPE (FLOORING, ROOFING)	AMOUNT (SQUARE FEET)

VII. SCHEDULED DATES OF DEMOLITION (YOU MUST SPECIFY DATES):

START DATE: COMPLETION DATE:

WORK DAYS: WORK HOURS:

- APPLICATIONS MUST BE MAILED ALONG WITH A \$50.00 FEE (PAYABLE TO SCDHEC) AT LEAST 10 WORKING DAYS PRIOR TO THE SCHEDULED START DATE. FAXES WILL NOT BE ACCEPTED.
- A COPY OF AN ASBESTOS SURVEY REPORT (NO OLDER THAN 3 YEARS) MUST ACCOMPANY THE APPLICATION.

VIII. DESCRIPTION OF PLANNED DEMOLITION METHOD(S) TO BE USED:					
BULLDOZER	LOADER	WRECKING BALL	MANUAL	BURNING	IMPLOSION/EXPLOSION
IF OTHER PLEASE DESCRIBE:					
IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION SITE:					
X. WASTE TRANSPORTER #1:					
MAILING ADDRESS:					
CITY/STATE/ZIP:					
CONTACT PERSON:					
PHONE:					
WASTE TRANSPORTER #2:					
MAILING ADDRESS:					
CITY/STATE/ZIP:					
CONTACT PERSON:					
PHONE:					
XI. WASTE DISPOSAL SITE:					
MAILING ADDRESS:					
CITY/STATE/ZIP:					
CONTACT PERSON:					
PHONE:					
XII. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (PLEASE ATTACH A COPY OF THE ORDER)					
NAME:					
TITLE:					
AUTHORITY:					
DATE OF ORDER:					
DATE ORDERED TO BEGIN:					
XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.					
XIV. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION INVOLVING RACM AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.					
CERTIFIED BY:					
Signature: _____ Date: _____					
XV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
CERTIFIED BY:					
Signature: _____ Date: _____					
<ul style="list-style-type: none"> ● APPLICATIONS MUST BE MAILED ALONG WITH A \$50.00 FEE (PAYABLE TO SCDHEC) AT LEAST 10 WORKING DAYS PRIOR TO THE SCHEDULED START DATE. FAXES WILL NOT BE ACCEPTED. ● A COPY OF AN ASBESTOS SURVEY REPORT (NO OLDER THAN 3 YEARS) MUST ACCOMPANY THE APPLICATION. 					

DHEC 3428 (07/2004)

Unique ID: File No: Project No: