

REVISION FOR PERMIT/NOTIFICATION

PERMIT NUMBER:	NESHAP NUMBER:
FACILITY:	FACILITY ADDRESS:
CONTRACTOR:	CONTRACTOR ADDRESS:
CONTACT PERSON:	CONTACT PERSON PHONE:

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/FEE'S

TYPE OF RACM	AMOUNT x \$.10 = FEE	TYPE OF RACM	AMOUNT X \$.20 = FEE
Floor tile: _____ sf	x .10 = \$ _____	Pipe Insulation (TSI): _____ lf	x .20 = \$ _____
Ceiling Tile: _____ sf	x .10 = \$ _____	Boiler Insulation (TSI): _____ sf	x .20 = \$ _____
Cementitious Board: _____ sf	x .10 = \$ _____	Surfacing Material: _____ sf	x .20 = \$ _____
Roofing: _____ sf	x .10 = \$ _____	Other (Sq/Cu) _____ sf/cf	x .20 = \$ _____
TOTAL (A) _____	x .10 = \$ _____	TOTAL (B) _____	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: _____
 POSTMARK DATE: _____ PERMITS DATA ENTRY: _____

FAX TRANSMITTAL INFORMATION

TO: _____	DATE: _____	TO: HEALTH HAZARDS CONTROL UNIT	DATE: _____
FROM: _____	TIME: _____	FROM: _____	TIME: _____
FAX #: _____	# PAGES _____	FAX #: 919-733-8493	PAGES: _____

INSTRUCTIONS
REVISION FOR PERMIT/NOTIFICATION
[HHCUC 3768-R (Revised 7/99)]

- PURPOSE:** This form shall be used for the required reporting of revisions to any active NC Permits for asbestos removals and/or NC demolition notifications.
- 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 found to be removed; and for other revisions that substantially alter the originally approved permit.
- INSTRUCTIONS:** Enter the assigned NC Permit Number and NESHAP ID Number of the approved permit to be revised.
- Complete the facility name and address; contractor's name and address; contact person's name and contact person's telephone number.
- 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 additional amounts of RACM are to be revised, complete the corresponding blanks with the amounts of RACM to be removed and compute fees accordingly. Notice that the amounts requested are ADDITIONAL amounts only.
- Type in or print legibly the certifying individual's name, title, and company name. Certifying individual must sign and date the form as indicated.
- FAX TRANSMITTAL INFORMATION:** The HHCUC accepts telefaxed revisions. Telefaxed revisions received by the Branch are initialed, dated and time of receipt indicated and faxed back to the individual that signed the Revision form. It is the contact person's responsibility to assure the faxed revision is received, signed and faxed 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 contacted.
- GUIDELINES:** If a removal and/or demolition is to begin earlier than the original start date, the Revision shall be received by this office at least 10 working days before the new start date.
- Removals and/or demolitions may be put on hold status; however, the work must be conducted within 12 months from the original start date. If not, the original permit is automatically canceled.
- For revisions with additional amounts of RACM to be removed, the revision should include the Abatement Designer. 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 sheetrock/drywall, 10% of the total square footage is required for calculating permit fees (i.e., 1600 Total SF x .10 = 160 x \$.10/SF = \$16.00)
- To calculate fees for RACM roofing, 160 SF x \$.10 (\$16.00) for each 5580 SF of roofing cut with a rotary blade saw (i.e. Roofing area = 22,320; then 22,320 / 5580 = 4; 4 x 160 x \$.10 = \$64.00)