

VERMONT DEPARTMENT OF HEALTH  
**Asbestos & Lead Regulatory Program**

PERMIT APPLICATION FOR ASBESTOS ABATEMENT PROJECT  
(Refer to Vermont Regulations for Asbestos Control for complete rules on notification)

**REVISION DATE** \_\_\_\_\_

Name of Abatement Entity: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of Abatement Entity: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Asbestos Abatement Entity License #: \_\_\_\_\_

Name and street address of building: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Building owner & address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Building is (circle one): Commercial / Industrial / School/University / Public / Private / Residential Rental / Other

**\*Specify location and types of asbestos containing materials involved:**

\_\_\_\_\_  
\_\_\_\_\_

**\*Type of abatement activity to be performed:** please circle

Removal    Repair    Encapsulate    Enclosure    Cleanup    Demolition    Emergency

**\*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:** \_\_\_\_\_

Name of on-site supervisor and VT Certification No: \_\_\_\_\_

Name of Consultant/Consulting Company: \_\_\_\_\_

**\*Work practices to be used according to the following VRAC Sections:**

\_\_\_\_\_

**\*Alternative work procedures requested:**    Yes    No

(If yes, provide an attachment describing specifics as per VRAC Section 2.6)

Name and address of final disposal site: \_\_\_\_\_

Notification sent to the following agencies (NESHAP, etc) : \_\_\_\_\_ If so, please attach copies.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and signature of Notification Preparer

**\*Permit Revision Fee Applies**