

Official Use Only

Paid: \$

Check/M.O. #:

Date:



DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH

Asbestos and Lead Regulatory Program
108 Cherry Street, P.O. Box 70
Burlington, VT 05402

Asbestos Abatement Project Permit Application

(Refer to [Vermont Regulations for Asbestos Control \[VRAC\]](#) for complete rules on notification)

EMAIL complete application to: AHS.VDHALRPGeneral@Vermont.gov

MAIL payment with a copy of this application to the address above.

DO NOT email scans of payment.

Check or M.O. #: _____

Original Revision (date) If Revision: Permit # Fee Amount: \$

*Project Starting Date:

*Project Completion Date:

Building Name:		Parcel ID:	
Street Address:	City:	State:	Zip:

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

Building Owner:	Ph:	Email:	
Street Address:	City:	State:	Zip:

Abatement Entity:			
Ph:	Fax:		Email:
Street Address:	City:	State:	Zip:
VT Certification #:	Certification Expiration Date:		

Final Disposal Site Name:			
(IF more than one, provide attachment with this information for each site)			
Ph:		Email:	
Street Address:	City:	State:	Zip:

*Specify Type, Amount, and Location of each asbestos containing material Involved:

*Permit Revision Fee Applies

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

VDH form A104

Revised 1/2020

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

Removal	Repair	Encapsulation	Enclosure
Cleanup	Demolition	Emergency	

If this is a DEMOLITION, you must include a copy of all asbestos survey report(s). **

*Total Amount of asbestos containing material involved:

Ln. Ft.	Sq. Ft.	Other	Units
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ATTACH drawing of the work area.

Include containment boundaries, negative air machine placement(s) and exhaust point(s), and decontamination system / waste load-out (if used) locations. **

On-Site Supervisor Name:	VT Certification #:
Clearance Consultant Name:	VT Certification #:

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

*Alternative Work Procedures Requested: Yes No

If yes, provide attachment describing specifics per [VRAC 2.6](#). **

Notification Sent to the Following Agencies (NESHAP, etc.):

Attach copies of any other notifications sent. **

Print Name

Signature

Date Signed

Name and Signature of Notification Preparer