

## Asbestos Permit Application

This form must be accompanied by an Asbestos Certification Form if commercial or a residential structure with more than 4 units.

**Property Location**

E911 Address: \_\_\_\_\_  
 Tax Map Number: \_\_\_\_\_  
 What is currently on the property? \_\_\_\_\_  
 Directions to Property: \_\_\_\_\_

Permit #: _____
Date Received: _____
Staff Initials: _____

<b>The applicant is the:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Agent for Owner/Lessee	
<b>Owner</b>	<b>General Contractor</b>
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
Phone Number: _____	Phone Number: _____
Email (Optional): _____	Email (Optional): _____
	State Lic. #: _____                      Exp Date: _____

Name of Inspection Agency: _____	
Address: _____	
Phone Number: _____	
Signature _____	Date _____

The purpose of this form is to assure compliance with federal regulation requirements of the Code of Virginia as amended and the Virginia Uniform Statewide Building Code. It must be completed for all permit applications to renovate or demolish a building that is not exempt from the asbestos inspection provisions of the state code.

The area involved in the work that will be done to this building contains less than the following amounts of regulated asbestos containing material:

- \_\_\_\_\_ Less than 260 linear feet of asbestos containing material on pipes.
- \_\_\_\_\_ Less than 160 square feet of asbestos containing material on other facility components.
- \_\_\_\_\_ Less than 35 cubic feet of asbestos containing material where the length or area could not be measured.

I hereby certify that I have the authority to make the foregoing application, that the information given is true and correct and that the construction will conform to the regulations in the Uniform Statewide Building Code.

\_\_\_\_\_  
 Applicant's Name (Printed)                      Applicant's Signature                      Date

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Certification form signed	Total Fees: _____
<input type="checkbox"/> Asbestos Inspection Report	Check #: _____ <input type="checkbox"/> Debit <input type="checkbox"/> Credit <input type="checkbox"/> Cash