

APPLICATION FEE MUST ACCOMPANY THIS FORM INCOMPLETE APPLICATIONS WILL BE RETURNED

(Notice will be mailed to the demolition contractor unless specified otherwise)

Fee: \$50 + \$5 per 1000 ft<sup>2</sup> of area to be demolished = \$\_\_\_\_\_(See instruction #1 on reverse side)

Submit form to:
Permit Coordinator
Colorado Dept. of Public
Health and Environment
APCD-IE-B1
4300 Cherry Creek Drive
South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

	Company Name:					Building I			10.0	
	Street:  City: State: Zip Co  Telephone # Fax # ( )  Project Manager: Cell Phone # ( )  I certify that the Certified Asbestos Building Inspector has inform about any remaining asbestos-containing materials in the facility demolished.  Signature: Print Name:					Square fo	I potage of footprint of fa	Bridge G	-12-C	domolished
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lon	about any remaining asbestos-conta demolished.	aining materials in th	e facility to	be	Der	WCti lou/	Wearis of Demoillo			
Эел	Signature:	Print Name:			- 1	☐ Wreck	king 🔲 Burning <sup>†</sup> 🔲 I	mplosion [	☐ Moving ☐ Oth	er, specify:
	Landfill Receiving Building Debris:					†Burning	requires additional aut	horization -	- Please call (303)	692-3100 and ask
						to speak	to the Open Burning P	ermit Coord	dinator	TOT THOU WIND GON
	General Abatement Contractor (GA	C)			1	Owner's			CT	
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sbe	CDPHE Asbestos Permit # Total Quantity of Asbestos Remo					City:			State:	Zip Code:
A 8 0	Type(s) of Asbestos-Containing Material Removed:					· · · · · · · · · · · · · · · · · · ·	Denver		CO	80204
	Type(s) of Asbestos-Containing Material Removed:					Contact's			Telephone #	6100
							Phil Kangas		(303) 325	
<u>.</u>	With my signature below, I certify that I possess an Asbestos Building Inspector. I also certify the					roughly	creditation and s	state of C	be demolish	tification as
Certified Asbestos Inspector Certification	in the Demolition Site blo	ck above, sam	pled all	suspe	ct mate	erials. h	ad all samples	analyzec	d for the pres	ence of
be	asbestos by a NVLAP-ac	credited labora	atory, ar	nd have	e deter	mined t	that no Regulate	d ACM	exists anywh	nere in the
ي ت	facility.* I also certify that	t I have inform	ed the c	wner/c	perato	or of the	facility or the d	emolition	n contractor	that any
tos	asbestos-containing mate of ACM remaining, below	eriai allowed to	stay in	the fac	cility m	ust rem	iain non-friable d	during de	emolition. S <sub>l</sub>	pecify type(s)
Asbestos In Certification	or Acivi remaining, below	. (check appl	opnate	DOX(e	<b>S</b> ]).					
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90		atings 🗌 Caull	king 🔲 (	Glazing		ther, sp	ecify:	-		9-
ifie	Signature: (In Blue Ink)				Printed	Name:				
ert	- DE. Hager	+					Ti	m Hager	t	
٥	Date of Final Inspection CO Ce	Parties and a			Telepho			Cell F	Phone #	
	11/10/2020 139		/26/2021				)) 582-0694		(720) 582-	
	I verify that all refrigerants from 15 (for information on CFC requ	urements can 692	-3100). 11	umher ve	erity that	all lumin	OUS exit signs (conta	aining radi	nactive material	have heen
g o j	15 (for information on CFC requirements call 692-3100). I fur disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3				nformati	on on lun	ninous exit sign requ	irements	call 303-692-33	20).
ldir ner rac	CHECK THE APPROPRIATE BOX:									
3ui ont	disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3  CHECK THE APPROPRIATE BOX:  Building Owner  Contractor				Other Date					
200	Signature:				Print Na	ame:				
	This Box is Fo				DPHE	USE ON	ILY:			
Postmark o	Postmark or Hand Delivery Date: Approved I				***************************************			ode: 🔲 i	initial-310 🔲 t	ransfer-380
Form of Pa	form of Payment & #: Permit #:			it #:						

<sup>\*</sup> Regulated asbestos-containing materials means (a) <u>friable asbestos-containing material</u>, (b) <u>Category I nonfriable ACM</u> that has become <u>friable</u>, (c) <u>Category I nonfriable ACM</u> that will be or has been subjected to sanding, <u>grinding</u>, <u>cutting</u>, or abrading or (d) <u>Category II</u> nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of <u>demolition</u> or <u>renovation</u> operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.



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Fax: 303-782-0278
Asbestos@state.co.us

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	Company Name:				Building		Bridge H-	12 N	
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Der	Signature:	Print Name:			☐ Wrec	king 🗌 Burning <sup>†</sup> 🗍	Implosion [	Moving Co	ther, specify:
	Landfill Receiving Building Debris:				†Burning to speak	requires additional au to the Open Burning F	thorization – Permit Coordi	Please call (30)	3) 692-3100 and ask
	General Abatement Contractor (GA	C)			Owner's				
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estos Ioval racto	CDPHE Asbestos Permit # Total Quantity of Asbestos Ren  Date Removal Completed Telephone #  ( )				Street:	2829	West Hov	vard Place	
Ser	Date Removal Completed Telephone # ( ) Type(s) of Asbestos-Containing Material Removed:					~		State:	Zip Code:
₹ L Ω						Denver		CO	80204
	Type(s) of Asbestos-Containing Material Removed:  With my signature below, I certify that I posses				Contact's	Name: Phil Kangas		(303) 32	
Certified Asbestos Inspector Certification	an Asbestos Building Insin the Demolition Site blo asbestos by a NVLAP-act facility.* I also certify the asbestos-containing mate of ACM remaining, below  Vinyl asbestos floor to Spray-applied tar coa	pector. I also ck above, sar credited labor I have informerial allowed to check app	certify that I mpled all sus ratory, and he ned the owner ostay in the ropriate box	have the pect mains ave deter deter facility mains (es):  Tar/as	proughly erials, h rmined or of the nust rem	r inspected the food all samples that no Regulate facility or the domain non-friable opposed pregnated roofing	acility to lanalyzed ed ACM elemolition during de	be demolis for the pre exists anyw contractor molition.	shed, as listed esence of where in the r that any Specify type(s)
ed	Signature: (In Blue Ink)	illigs 🔲 Cau	iking Glaz		Name:	ресіту:		T-12-M7-1	
Sertifi	2) 8. Ha	ged				Ti	im Hagert		
	Date of Final Inspection CO Ce 11/10/2020 139		on Date 1/26/2021	Teleph		0) 582-0694	Cell P	hone #	2.0004
Building Owner or Contractor	I verify that all refrigerants from 15 (for information on CFC requ disposed of in accordance with CHECK THE APPROPRIATE BOX	refrigeration app 2-3100). I furthe	r verify tha	ve been p	properly recovered in	aining radio	active materi	Regulation No.	
Buil Own	Building Owner Contractor			Other			Date		
-00	Signature:		· · · · · · · · · · · · · · · · · · ·	Print N	lame:				
	This Box is Fo			CDPHE	USE ON	NLY:			
Postmark o	Postmark or Hand Delivery Date: Approved			Зу:		С	ode: 🔲 ir	nitial-310	transfer-380
Form of Pa	orm of Payment & #: Approved Permit #:				Code:initial-310transfer-380   Record # Date Issued:				***************************************



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	Company Name:					Building I	Name:			
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ont	Telephone #	Fax#	,		S	City:			nty:	Zip Code:
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o	a rejection and general	( )			Demolition	1 Toposec	Glart Date		Proposed Completion	II Date
E	I certify that the Certified Asbestos B	uilding Inspector ha	s informed	me	E E	Method/	Means of Demolit	ion:	<u> </u>	***************************************
m	about any remaining asbestos-contai demolished.	ining materials in th	e facility to I	oe	Ď		+	☐ Implosion ☐ Moving ☐ Other, specify:		
De	Signature:	Print Name:				☐ Wreck	ting [] Burning' [	] Implos	ion   Moving   Othe	r, specify:
	Landfill Receiving Building Debris:									
						†Burning	requires additional a	uthoriza	tion - Please call (303)	692-3100 and ask
	General Abatement Contractor (GAC	")				Owner's	to the Open Burning	Permit	Coordinator	
	Constant Date Contractor (Contr	·)			Owner	Owners		epartn	nent of Transporta	tion
os ral	CDPHE Asbestos Permit # Total Quantity of Asbestos Rem					Street:			1	***************************************
est nov rac	CDPHE Asbestos Permit # Total Quantity of Asbestos Rem  Date Removal Completed Telephone #						2829	9 West	Howard Place	
sb Sen						City:	_			Zip Code: 80204
∢ E Ω	Type(s) of Asbestos-Containing Material Removed:					Denver CO				
	Type(s) of Asbestos-Containing Material Removed:					Contact's	Name: Phil Kangas		Telephone # (303) 325-	-6123
	With my signature below,	I certify that I	possess	currer	nt AHI	ERA acc	reditation and	state	of Colorado cert	ification as
Ö	an Asbestos Building Insp	pector. I also	certify th	at I ha	ve tho	oroughly	inspected the	facilit	y to be demolishe	ed, as listed
ect	in the Demolition Site bloc	ck above, sam	ipled all	suspe	ct mat	erials, h	ad all samples	analy	zed for the prese	ence of
dsı	asbestos by a NVLAP-acc facility.* I also certify that	L have inform	atory, an	d nave	dete	rmined t	that no Regula	ted A	CM exists anywh	ere in the
n co	asbestos-containing mate	rial allowed to	eu ille o	the fac	perau	or or the	ain non friable	aemo	a domelition Sn	nat any
Certified Asbestos Inspector Certification	of ACM remaining, below:	: (check appr	opriate	boxles	3)):	iust ieiii	alli iloti-iliable	uuiiii	g demonition. Sp	ecity type(s)
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5 o d	15 (for information on CFC requirements call 692-3100). I fur disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.				nformat	tion on lum	ninous exit sign re	quireme	ents call 303-692-332	20).
ldir ner rac	disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.  CHECK THE APPROPRIATE BOX:  Building Owner  Contractor									
3ui Owr	Building Owner Contractor				Other			Date	)	
-03	Signature:				Print N	lame:				
	This Box is F				DPHE	USE ON	LY:			
Postmark o	ostmark or Hand Delivery Date: Approved							Code:	initial-310 tr	ansfer-380
Form of Pa	orm of Payment & #: Permit #:			y seeds. I milital of o I main						

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	Company Name:					Building I				
	Street:								I-15-AO	
<u>.</u>	Street.					Square fo	ootage of footprint of fa		portion of facility to be de	emolished
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	Landfill Receiving Building Debris:					+				2
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	General Abatement Contractor (GAC	D)				Owner's		GITHE GO	ordinator	
					ner		Colorado De	partme	ent of Transportation	on
tos val cto	CDPHE Asbestos Permit # Total Quantity of Asbestos Remo				Owner	Street:				
no tra	CDPHE Asbestos Permit # Total Quantity of Asbestos Remo						2829	West F	Howard Place	***
Ask Rei						City:	Denver			p Code: 80204
7-0	Type(s) of Asbestos-Containing Material Removed:					Contact's	Telephone #	30204		
						00111110110	Phil Kangas		(303) 325-6	123
	With my signature below,	I certify that	possess	curre	nt AHI	ERA acc	creditation and	state o	f Colorado certifi	cation as
ior	an Asbestos Building Insp	pector. I also	certify th	at I ha	ve tho	roughly	inspected the f	acility	to be demolished	d, as listed
ect	in the Demolition Site bloc	ck above, sar	npled all	suspe	ct mat	erials, h	ad all samples	analyz	ed for the preser	nce of
dst	asbestos by a NVLAP-act facility.* I also certify that	I have inform	ratory, ar	id nave	e dete	rmined i	nat no Regulate	ed ACI	M exists anywher	re in the
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Ö	20 B. Stage						Ti	m Hag		
	Date of Final Inspection CO/Cer 11/10/2020 139		on Date 1/26/2021		Teleph		) 582-0694	Ce	ell Phone # (720) 582-06	504
	I verify that all refrigerants from	air conditioning/	efrigeration	n appliar	nces ha	ve been n	ronerly recovered in	accord	lance with AOCC Re	gulation No.
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ild ine	CHECK THE APPROPRIATE BOX:							·		
O Bu	Building Owner Contractor				Other			Date		
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	Street:  City: State: Zip  Telephone # Fax # ( ) Project Manager: Cell Phone # ( ) I certify that the Certified Asbestos Building Inspector has info about any remaining asbestos-containing materials in the facil demolished.  Signature: Print Name:					Square fo	ootage of footprint of			be demolished
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ac	Oity.	State;	Zip Code:		ē	Street:	US Highway 2	4 Mile F	Post 271 691 o	ver Draw
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o	Froject Manager.	Cell Phone #			#	Proposed	d Start Date		Proposed Comple	tion Date
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Derr	demolished. Signature:	Print Name:	<del></del>			☐ Wreck	king 🔲 Burning <sup>†</sup> 🗀	Implosion	Moving C	Other, specify:
	Landfill Receiving Building Debris:					<sup>†</sup> Burning to speak	requires additional a to the Open Burning	uthorizatio Permit Co	n – Please call (30 ordinator	03) 692-3100 and ask
	General Abatement Contractor (GA	C)				Owner's				
, L		1000			Owner		Colorado D	epartme	nt of Transpor	rtation
estos Ioval racto	CDPHE Asbestos Permit # Total Quantity of Asbestos Rem  Date Removal Completed Telephone #					Street:	2829	West F	Ioward Place	
Date Removal Completed  Telephone # ( )					Building	City:	D		State:	Zip Code:
ĕ E Ö	Type(s) of Asbestos-Containing Material Removed:					Contact's	Denver		CO	80204
						Contacts	Phil Kangas		(303) 32	
Certified Asbestos Inspector Certification	With my signature below, an Asbestos Building Ins in the Demolition Site blo asbestos by a NVLAP-act facility.* I also certify that asbestos-containing mate of ACM remaining, below  Vinyl asbestos floor to Spray-applied tar coa	pector. I also ck above, sar credited labor I have infornerial allowed to check app	certify the mpled all ratory, and the oo stay in ropriate	at I have suspected have wher/opthe faci box(es	ve tho	roughly erials, h rmined to or of the ust rem ohalt important	inspected the ad all samples that no Regula facility or the ain non-friable pregnated roof	facility analyz ted ACI demoliti during	to be demolised for the pre M exists anywion contracto demolition.	shed, as listed esence of where in the or that any Specify type(s)
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	Date of Final Inspection CO Ce 11/10/2020 139		on Date 1/26/2021		Teleph		)) 582-0694	Ce	ell Phone # (720) 58	2-0694
Building Owner or Contractor	I verify that all refrigerants from air conditioning/refrigeration 15 (for information on CFC requirements call 692-3100). I fur					all lumin	ous exit signs (cor	taining ra	ance with AQCO	C Regulation No.
Suil Wn	Building Owner Contractor				Other	***************************************		Date		
m 0 %	Signature:				Print N	ame:				
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South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

	Company Name:				Building		Bridge J-	1/1-C	
	Street:		***************************************	-	Square f	ootage of footprint of f			be demolished
O	City:	State:	Zip Code:	_	Ctarate	Tribite Education of Company of the	1,152	2	
g	Oity.	State.	Zip Code.	9	Street:	tate Highway 9 M	file Post 2	0.107 over I	Louis Gulch
) ut	Telephone #	Fax#	······	S	City:		County:		Zip Code:
ŭ	Project Manager:	Cell Phone #			Guffey	d Start Date	Dre	Park oposed Complete	80820
noi		( )		1 1 1	Propose			oposed Complet	ion Date
Demolition Contractor	I certify that the Certified Asbestos Bu about any remaining asbestos-contai demolished.	uilding Inspector h ining materials in t	as informed me he facility to be	Demolition Site	Method	/Means of Demolitio			
De	Signature:	Print Name:			☐ Wrec	king 🔲 Burning <sup>†</sup> 🔲	Implosion L	」Moving □ Ot	her, specify:
10	Landfill Receiving Building Debris:				†Burning to speak	requires additional au to the Open Burning F	ithorization – Permit Coordi	· Please call (303 inator	3) 692-3100 and ask
	General Abatement Contractor (GAC	;)			Owner's				
s = io	CDPHE Asbestos Permit #	T. (10		Owner		Colorado De	epartment	of Transport	tation
sto ova act	COPHE Aspestos Permit #	Total Quantity of	Asbestos Remov	Building Ov		2829	West Hox	ward Place	
sbe em ntr	CDPHE Asbestos Permit # Total Quantity of Asbestos  Date Removal Completed Telephone # ( )  Type(s) of Asbestos-Containing Material Removed:				City:	Zip Code:			
A R S	Type(s) of Asbestos-Containing Material Removed:					Denver		CO	80204
	Type(s) of Asbestos-Containing Material Removed:				Contact's	s Name: Phil Kangas		Telephone # (303) 32	
	With my signature below, I certify that I pos			rrent Al	IERA ac		state of C		
Certified Asbestos Inspector Certification					aterials, hermined ator of the	nad all samples that no Regulat e facility or the d	analyzed ed ACM of lemolition	I for the pre exists anyw n contractor	sence of here in the that any
ed Ash Certi	☐ Vinyl asbestos floor til☐ Spray-applied tar coat Signature: (In Blue Ink)	e (VAT)	/AT mastic [ lking	zing 🔙	Other, sp	pregnated roofi ecify:	ng 🗌 As	phaltic pipe	coatings
tifie	Signature: (in Bide ink)			Print	ed Name:				
Cel		1				T	im Hagert		
	Date of Final Inspection CO Cer 11/10/2020 139	7 340.	n Date 1/26/2021	l ele	ohone # (720	0) 582-0694	Cell P	Phone # (720) 582	2-0694
Building Owner or Contractor	I verify that all refrigerants from air conditioning/refrigeration 15 (for information on CFC requirements call 692-3100). I fu				at all lumin	ous exit signs (cont	aining radio	ce with AQCC	Regulation No.
3uil 3wn onth	Building Owner Contractor			Other		· · · · · · · · · · · · · · · · · · ·	Date		
T 0 0	Signature:			Print	Name:				
	This Box is Fo				E USE ON	ILY:			
Postmark o			Approved	Ву:	***************************************	c	ode: 🔲 i	initial-310	transfer-380
Form of Pa	Form of Payment & #: Permit				Record # Date Issued:				

<sup>\*</sup> Regulated asbestos-containing materials means (a) <u>friable asbestos-containing material</u>, (b) <u>Category I nonfriable ACM</u> that has become <u>friable</u>, (c) <u>Category I</u> nonfriable ACM that will be or has been subjected to sanding, <u>grinding</u>, <u>cutting</u>, or abrading or (d) <u>Category II</u> nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of <u>demolition</u> or <u>renovation</u> operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.



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	Company Name:				Building	Name:	Culvert J-	-15-G		
	Street:	AD 44.1.4			Square fo	ootage of footprint of			be dem	nolished
to	City:	State:	1 75- O-d-	-	011		1,008	8		
ac	Oily.	State:	Zip Code:	9	Street:	ate Highway 9 l	Mile Post 1	15 970 over	Mack	Gulch
ntr	Telephone #	Fax#		Site	City:		County:	13.570 0001	IVIACK	Zip Code:
ပိ	( )	( )		e e	Guffey			Park		80820
uo u	Project Manager:	Cell Phone #		王	Proposed	d Start Date	Pr	oposed Comple	etion Da	te
Demolition Contractor	I certify that the Certified Asbestos B about any remaining asbestos-conta demolished.			Demolition		Means of Demolit		7		
De	Signature:	Print Name:	,		☐ vvreci	king ☐ Burning <sup>†</sup> ☐	Implosion [	_l Moving ☐ C	otner, sp	ecity:
9	Landfill Receiving Building Debris:					requires additional a to the Open Burning			03) 692-	3100 and ask
	General Abatement Contractor (GAC	C)		<u>_</u>	Owner's					
s = 5				Owner		Colorado D	epartment	of Transpor	rtation	
sto ova acte	CDPHE Asbestos Permit # Total Quantity of Asi			ð	Street:	2920	West He	ward Place		
be ntri				- B	City:	2023	W CSt 110	State:	Zin C	Code:
As Go	Type(s) of Asbestos-Containing Material Removed:			Building	y.	Denver		CO		204
	Type(s) of Asbestos-Containing Material Removed:			Bu	Contact's			Telephone		
	With my signature below, I certify that I p					Phil Kangas		(303) 32		
Certified Asbestos Inspector Certification	With my signature below, I certify that I poss an Asbestos Building Inspector. I also certifing in the Demolition Site block above, sampled asbestos by a NVLAP-accredited laboratory facility.* I also certify that I have informed the asbestos-containing material allowed to stay of ACM remaining, below: (check approprious)  Vinyl asbestos floor tile (VAT) VAT means the signature below, I certify that I possession to the possession of the poss			ave the ect mat ve dete /operat acility m es)):	erials, hermined for of the nust rem	inspected the ad all samples that no Regula facility or the ain non-friable pregnated roof	facility to analyzed ted ACM demolition during de	be demolish to the pro- exists anyon contractor emolition.	shed, esenc where or that Speci	as listed se of in the any fy type(s)
jed	Spray-applied tar coa	ungs Cau	iking Glazi		Name:	ecny.				
Ce rti	Ti B. Hog				************	7	Tim Hager			
	Date of Final Inspection CO Cel 11/10/2020 139		1/26/2021	Teleph		0) 582-0694	Cell F	Phone # (720) 58	2-069	4
Building Owner or Contractor	I verify that all refrigerants from air conditioning/refrigeration 15 (for information on CFC requirements call 692-3100). If disposed of in accordance with 6 CCR 1007-1 subpart 3.6.  CHECK THE APPROPRIATE BOX:  Building Owner  Contractor				ve been p	roperly recovered	taining radi	nce with AQC	C Regu	ulation No.
m 0 8	Signature:			Other Print N	ame:				****	
	This Box is F		HIS BOX IS FOR	CDPHE	USE ON	ILY:				
Postmark o	or Hand Delivery Date:		Approved B	y:			Code: 🔲 i	initial-310	] transf	fer-380
Form of Pa	form of Payment & #:			Record # Date Issued:				***************************************		

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Submit form to:
Permit Coordinator
Colorado Dept. of Public
Health and Environment
APCD-IE-B1
4300 Cherry Creek Drive
South
Denver, CO 80246-1530
Phone: 303-782-0278
Asbestos@state.co.us

	raN										
	Company Name:					Building I		Bridge M	/L-21_P		
	Street:		-		Square fo	ootage of footprint of f			be demoli	ished	
ō	City: State: Zip  Telephone # Fax # ( ) Project Manager: Cell Phone # ( ) I certify that the Certified Asbestos Building Inspector has info about any remaining asbestos-containing materials in the fac demolished.  Signature: Print Name:							2,52			
act.	City:	State:	Zip Code:		o o	Street:	" 1 250 NET	D / 51		70	
ıtra	Telephone #	Fax#			Sit	City:	lighway 350 Mil	County:			Arroyo ip Code:
ŏ	( )	( )			=	Timpas	<b>.</b>	County.	Otero		1059
2	Project Manager:	Cell Phone #			<u>‡</u>		Start Date	F	Proposed Comple		1000
tio	Lootify that the Cortified Ashartas	] ( )	L '		0						
i o	I certify that the Certified Asbestos about any remaining asbestos-cont				Demolition Site	Method	Means of Demolition	on:			
e H	demolished.			]		☐ Wreck	king 🔲 Burning <sup>†</sup> 🔲	Implosion	☐ Moving ☐ C	Other, spec	cifv:
Δ	Signature:	Print Name:							_	, .	•
	Landfill Receiving Building Debris:					+					
						'Burning	requires additional auto the Open Burning	thorization	- Please call (30	03) 692-31	00 and ask
	General Abatement Contractor (GA	(C)				Owner's		errint Coor	dinator		
_	(	,			Owner	O Milor O		epartmen	nt of Transpor	rtation	
os la l	CDPHE Asbestos Permit #	Total Quantity of	f Asbestos Re	moved	N N	Street:					
est nov rac	CDPHE Asbestos Permit # Total Quantity of Asbestos Rem  Date Removal Completed Telephone #  ( )						2829	West Ho	oward Place		
sb						City:			State:	Zip Cod	
∢ <sup>™</sup> Ω	Type(s) of Asbestos-Containing Material Removed:				Building	Denver CO 8					04
	Type(s) of Asbestos-Containing Material Removed:					Contact's	Name: Phil Kangas		Telephone		
	With my signature below, I certify that I possess				- 4 A L J	-DA		-1-1-6	(303) 32		
<u> </u>	an Asbestos Building Ins	nector Lals	n certify th	et I hav	IL ALI	roughly	inspected the	state of	Colorado ce	ertificati	ion as
왕	in the Demolition Site blo	ck above, sa	moled all	SUSPEC	t mat	erials h	ad all samples	analyze	ed for the pre	esence	of
be	asbestos by a NVLAP-ad	credited labor	oratory, an	d have	dete	rmined t	that no Regulat	ed ACM	exists anv	where ir	n the
lus u	facility.* I also certify tha	it I have infor	med the o	wner/o	perato	or of the	facility or the	demolitic	on contracto	r that a	nv
Sci	asbestos-containing mat	erial allowed	to stay in	the fac	ility m	ust rem	ain non-friable	during c	demolition.	Specify	type(s)
ste	of ACM remaining, below	v: (check ap	propriate	box(es	<b>s)</b> ):						
Certified Asbestos Inspector Certification	☐ Vinyl ashastas floor t	ilo (VAT)	\/\ T moot	:- [] +		مدن فاحمام			1 10		
S &	☐ Vinyl asbestos floor t☐ Spray-applied tar coa	atings [ Car	uking []	ic [] i	arrasp	ther en	pregnated rooti	ng 🔲 A	sphaltic pip	e coatin	ngs
ed	Signature: (In Blue Ink)	atings Cat	aiking L	Jiaziriy		Name:	echy.	- Allegan			
Ę	5. 6 dag	not-					_				
S							T	im Hage			
	Date of Final Inspection CO Ce 11/12/2020 13	915 Expirat	ion Date 1/26/2021		Teleph		) 582-0694	Cell	Phone # (720) 58	2 0604	
	I verify that all refrigerants from	air conditioning	/refrigeration	applian	ces hav	ve been n	ronerly recovered i	n accorda	ance with AOC	C Regulat	tion No
	15 (for information on CFC regi	uirements call 6	92-3100). I fi	irther ve	rify that	all lumin	ous exit signs (con	laining rac	dinactive mater	aved (lei	been
<b>夏</b> 5 33	disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4			4.3 (for in	ntormati	ion on lun	ninous exit sign rec	uirements	s call 303-692-3	3320).	
ne idi	CHECK THE APPROPRIATE BOX:			7		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
D M	Building Owner Contractor				Other			Date			
-08	Signature:			Print N	ame:						
			THIS BOX IS	For C	DPHE	USE ON	ILY:				
Postmark o	or Hand Delivery Date:	•		ved By:				ode:	initial-310	transfer	<sup>-</sup> -380
Form of Pa	orm of Payment & #: Permit #:			it #:	Record # Date Issued:						



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Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

Asbestos@state.co.us

	Company Name:				Building	Name:	Bride	ge M-21-C		
	Street:			1	Square fo	ootage of footprint	of facility	or portion of facility t	be demolished	
cto	City:	State:	Zip Code:	1	Street:			3,780		
tra	Telephone #	[ [ ]	1	Site		ighway 350 M		t 50.582 over He		
o.	( )	Fax #		8	City: Timpas	2	Co	unty: Otero	Zip Cod 81059	
٥	Project Manager:	Cell Phone #		-   ₽		d Start Date		Proposed Comp		
ţį	I certify that the Certified Asbestos B	( )	:_f							
Demolition Contractor	about any remaining asbestos-conta demolished.	ining materials in t	he facility to be	Demolition		/Means of Demo		sion 🗌 Moving 🗍	Other creek	
۵	Signature:	Print Name:			LI WIEG	King Li Burning	☐ Implo:	sion	other, specify:	
9.	Landfill Receiving Building Debris:				<sup>†</sup> Burning to speak	requires additionate to the Open Burnir	authoriza	ation – Please call (3 Coordinator	03) 692-3100 an	nd ask
	General Abatement Contractor (GAC	<b>(</b> )			Owner's					
w - 5				Owner		Colorado	Departi	ment of Transpo	rtation	****
sto ova acto	CDPHE Asbestos Permit # Total Quantity of Asbestos  Date Removal Completed Telephone #				Street:	28	29 Wes	t Howard Place		
sbe em ntr	Date Removal Completed		Building	City:	20.	27 11 05	State:	Zip Code:		
& y S	Type(s) of Asbestos-Containing Material Removed:					Denver		CO	80204	
	Type(s) of Asbestos-Containing Material Removed:				Contact's	Name: Phil Kanga	ıs	Telephone	# 25-6123	
	With my signature below, I certify that I pos				ERA ac					as
Certified Asbestos Inspector Certification	an Asbestos Building Insp in the Demolition Site blod asbestos by a NVLAP-acc facility.* I also certify that asbestos-containing mate of ACM remaining, below:	pector. I also ck above, sar credited labor I have infornerial allowed to check app	certify that I mpled all suspratory, and hand the owne o stay in the fropriate box	nave the ect man ve dete r/operat acility m (es)):	proughly erials, h rmined to or of the nust rem	inspected the lad all sample that no Regule facility or the lain non-friable	e facilites anal ated A e demo e durir	ty to be demol yzed for the pi CM exists any olition contractor ng demolition.	ished, as list resence of where in the or that any Specify type	ted e
d Asi Cert	☐ Vinyl asbestos floor til☐ Spray-applied tar coa	le (VAT)	/AT mastic	ng 📙 C	ther, sp	pregnated roo ecify:	ofing [	Asphaltic pip	e coatings	
tifie	Signature: (In Blue Ink)	. 1		Printe	Name:					
Ser	Zi & blag						Tim H	agert		
	Date of Final Inspection CO Cer 11/12/2020 139		on Date 1/26/2021	Teleph		0) 582-0694		Cell Phone # (720) 5	82-0694	
Building Owner or Contractor	I verify that all refrigerants from 15 (for information on CFC requ disposed of in accordance with 6 CHECK THE APPROPRIATE BOX:	refrigeration appl 2-3100). I further	verify that	ve been p	roperly recovere	ontaining	ordance with AQC	C Regulation N	No.	
Buil	Building Owner Contractor			Other			Dat	e		
-08	Signature:			Print N	lame:	4-1				
Poetmark	THIS BOX IS F				USE ON	ILY:				
	Postmark or Hand Delivery Date: Approx			sy:			Code:	initial-310	transfer-380	
Form of Pa	yment & #:		Permit #:	Record # Date Issued:						



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Denver, CO 80246-1530
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	Company Name:				Building	Name:	Bridge M-	.21_I		
	Street:	***************************************		Square f	ootage of footprint of t			be demolished		
Ö	0.1						1,200			
act	City:	State:	Zip Code:	9	Street:	US Highway 3:	50 Mile Po	et 57 060 o	var Dross	
l t	Telephone #	Fax#	<u> </u>	—	City:	OS Highway 3.	County:	St 37.009 0	Zip Code:	
ပိ	( )	( )		8	Timpa			Otero	81059	
Demolition Contractor	Project Manager:	Cell Phone #			Propose	d Start Date	Pro	posed Comple	tion Date	
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Ju Or	about any remaining asbestos-conta demolished.	aining materials in th	e facility to be	6						
Dei	Signature:	Print Name:		-	☐ Wrec	king 🗌 Burning <sup>†</sup> 🗍	Implosion	Moving 🗌 O	ther, specify:	
	Landfill Receiving Building Debris:									
	Carrain Receiving Building Debris.					requires additional at to the Open Burning			3) 692-3100 and ask	
	General Abatement Contractor (GA	C)			Owner's					
0-5					<u> </u>	Colorado De	epartment o	of Transpor	tation	
sto: ova ictc	CDPHE Asbestos Permit #	Total Quantity of A	sbestos Rem	oved	Street:	2920	West Hov			
be:	CDPHE Asbestos Permit # Total Quantity of Asbestos Removal Completed Telephone #				City:	2029	west nov	State:	Zip Code:	
As Sol					City:	Denver		CO	80204	
	Type(s) of Asbestos-Containing Material Removed:				Contact'			Telephone #		
						Phil Kangas		(303) 32		
_	With my signature below, I certify that I possess an Asbestos Building Inspector. I also certify the			urrent A	HERA ac	creditation and	state of C	olorado ce	rtification as	
cto	in the Demolition Site blo	ck above, sam	obled all s	ispect m	norougniy iaterials h	nad all samples	analyzed	for the are	ned, as listed	
be	asbestos by a NVLAP-ac	credited labor	atory, and	have de	termined	that no Regulat	ed ACM e	exists anvv	vhere in the	
L L	facility.* I also certify that	t I have inform	ed the ow	ner/oper	ator of the	e facility or the	demolition	contractor	r that anv	
os	asbestos-containing mate	erial allowed to	stay in th	e facility	must rem	nain non-friable	during de	molition.	Specify type(s)	
est fica	of ACM remaining, below	: (спеск аррг	opriate b	ox(es)):		5				
Asbestos In Certification	☐ Vinyl asbestos floor ti	ile (VAT) 🔲 V	AT mastic	☐ Tar/a	asphalt im	pregnated roof	ng 🗌 Ası	ohaltic pipe	e coatings	
A O	│	itings 🗌 Caull	king 🔲 G	azing 🗌	Other, sp	ecify:	<u> </u>		<u> </u>	
ifie	Signature: (In Blue Ink)			Prir	ited Name:					
Certified Asbestos Inspector Certification	Ti &. Hogo	20				Т	im Hagert			
	Date of Final Inspection CO Ce 11/12/2020 139		Date /26/2021	Tele	ephone #	0) 582-0694	Cell P	hone # (720) 583	2-0694	
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- i	15 (for information on CFC requirements call 692-3100). I fur			her verify t	hat all lumin	ious exit signs (con	taining radio	active materi	al) have been	
ling er o	CHECK THE APPROPRIATE BOX:			(ror mirori	nation on iai	milious exit sign rec	juli ci i i ci i ci i ci	an 505-032-0	<i>520)</i> .	
uilo wne ntra	disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4  CHECK THE APPROPRIATE BOX:  Building Owner  Contractor			Othe			T <sub>D-1</sub> -			
m Ó S	Signature:				r nt Name:		Date			
	Signature:		1	it ivanie.						
		TL	IIS BOY IS I	OR CDRI	HE USE ON	JI V*				
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	y		, citill	•		IXECUIU#	Date	issued.	ued:	

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Phone: 303-692-3100
Fax: 303-782-0278
Asbestos@state.co.us

	Company Names										
	Company Name:					Building	Name:	Bride	ge M-22-U	200	
7.	Street:				Square fo	ootage of footprint o	f facility	or portion of facility to 1,320	be demo	olished	
octo	City:	State:	Zip Code:		4	Street:		<del></del>			
tra	Telephone #	Fov#			Site		S Highway 350		Post 69.817 ove		
on	( )	Fax#			5	City: La Jun	to	Co	unty: Otero	- 1	Zip Code: 81050
ပ	Project Manager:	Cell Phone #			Ę.		Start Date		Proposed Comp		
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Demolition Contractor	I certify that the Certified Asbestos about any remaining asbestos-cont demolished.	Building Inspector aining materials in	has informed i the facility to b	me be	Demolition		Means of Demol				
മ്	Signature:	Print Name:				☐ vvrec	king 🗀 Burning (	Implo	sion Moving	Other, spe	ecify:
	Landfill Receiving Building Debris:						requires additional to the Open Burnin		ation – Please call (3 Coordinator	03) 692-3	3100 and ask
	General Abatement Contractor (GA	(C)			<u>.</u>	Owner's					
s - 5			***************************************		Jue /		Colorado I	Departi	ment of Transpo	rtation	····
sto ova acto	CDPHE Asbestos Permit #	Total Quantity of	f Asbestos Re	moved	Owner	Street:	282	O Was	t Howard Place		
abe ome	CDPHE Asbestos Permit # Total Quantity of Asbestos Rem  Date Removal Completed Telephone #					City:	202	7 11 03	State:	Zip C	ode.
S R S					Building	J.,	Denver		CO		204
	Type(s) of Asbestos-Containing Material Removed:				Bu	Contact's			Telephone		
	With my signature below, I certify that I posse						Phil Kanga		(303) 3		
Certified Asbestos Inspector Certification	an Asbestos Building Ins in the Demolition Site blo asbestos by a NVLAP-act facility.* I also certify the asbestos-containing mat of ACM remaining, below	pector. I also ock above, sa ocredited labo it I have infori erial allowed	certify the mpled all pratory, and the orto stay in	at I have suspected have wher/optime the facility at I have	ve tho t mate deter perate ility m	roughly erials, h rmined to or of the	inspected the ad all sample that no Regula facility or the	facili s anal ated A demo	ty to be demoli yzed for the pr .CM exists any plition contractor	shed, a esence where or that	as listed e of in the anv
d Asb Certi	☐ Vinyl asbestos floor t☐ Spray-applied tar coa	ile (VAT) ☐ ' atings ☐ Cau	VAT mast ılking	ic 🔲 Ta Glazing		ther, sp	pregnated roc ecify:	fing [	Asphaltic pip	e coat	ings
tifie	Signature: (In Blue Ink)	1			Printed	Name:					
Çe	Z & Stage							Tim H	agert		
	Date of Final Inspection   CO Ce   11/12/2020   13		on Date 1/26/2021		Teleph		) 582-0694		Cell Phone # (720) 58	32-0694	1
ng or tor	I verify that all refrigerants from air conditioning/refrigeration 15 (for information on CFC requirements call 692-3100). I fu				rifv that	e been p	roperly recovered	ntainin	ordance with AQC	C Regul	lation No.
Idii	CHECK THE APPROPRIATE BOX:										
3ui Owr	disposed of in accordance with 6 CCR 1007-1 subpart 3.  CHECK THE APPROPRIATE BOX:  Building Owner  Contractor				Other			Dat	ie	14/3.4	
-00	Signature:				Print N	ame:					
		7	HIS BOX IS	For CI	DPHE	USE ON	ILY:				
Postmark o	or Hand Delivery Date:			ved By:				Code:	initial-310	transfe	er-380
Form of Pa	orm of Payment & #: Permit #:			t #:	Record # Date Issued:						



APPLICATION FEE MUST ACCOMPANY THIS FORM INCOMPLETE APPLICATIONS WILL BE RETURNED

(Notice will be mailed to the demolition contractor unless specified otherwise)

Fee: \$50 + \$5 per 1000 ft<sup>2</sup> of area to be demolished = \$\_\_\_\_\_(See instruction #1 on reverse side)

Submit form to:
Permit Coordinator
Colorado Dept. of Public
Health and Environment
APCD-IE-B1
4300 Cherry Creek Drive
South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

	Company Name:				Building	Name:	Brida	e M-22-Y		
)r	Street:				Square f	ootage of footprint	of facility o	or portion of facility to	be dem	nolished
acto	City:	State:	Zip Code:	0	Street:	TIGIT' 1				
ıtr	Telephone #	Fax#		Site	City:	US Highway		le Post 57.474 o	over Di	raw Zip Code:
ō	( )	( )		ڃ	Timpa	S	000	Otero		81059
u O	Project Manager:	Cell Phone #		1 ≗		d Start Date		Proposed Compl	etion Da	
tio	I certify that the Certified Asbestos B	( )	non informed me	2	34-11-1	0.4				
Demolition Contractor	about any remaining asbestos-conta demolished.			Demolition		/Means of Demo		ion 🗌 Moving 🔲 (	0.11	
ŏ	Signature:	Print Name:			□ vviec	King Li Burning	☐ Implos	ion 📋 Moving 📋 0	otner, sp	эесіту:
	Landfill Receiving Building Debris:				<sup>†</sup> Burning to speak	requires additional to the Open Burnir	authoriza	tion – Please call (3 Coordinator	03) 692-	-3100 and ask
	General Abatement Contractor (GAC	C)		_	Owner's					
8 - 5				le le		Colorado	Departn	nent of Transpo	rtation	l .
sto ova acte	CDPHE Asbestos Permit #	Total Quantity of	Asbestos Remove	Building Owner	Street:	28′	70 West	Howard Place		
e pe	CDPHE Asbestos Permit # Total Quantity of Asbestos R  Date Removal Completed Telephone #  ( )  Type(s) of Asbestos-Containing Material Removed:				City:	202	er west	State:	Zip (	Code:
A S						Denver		CO		)204
	Type(s) of Asbestos-Containing Material Removed:				Contact's			Telephone		
						Phil Kanga		(303) 3		
Certified Asbestos Inspector Certification	With my signature below, I certify that I possess an Asbestos Building Inspector. I also certify that in the Demolition Site block above, sampled all sasbestos by a NVLAP-accredited laboratory, and facility.* I also certify that I have informed the owasbestos-containing material allowed to stay in the of ACM remaining, below: (check appropriate to				proughly cerials, h rmined or of the nust rem	inspected the lad all sample that no Regul e facility or the lain non-friable	e facilit es analy ated A e demo e durin	y to be demoli	shed, esenc where or that Speci	as listed be of in the any ify type(s)
d As	☐ Vinyl asbestos floor ti☐ Spray-applied tar coa	tings	Iking Glaz	ng 🔲 C	ther, sp	pregnated roo ecify:	oring L	J Aspnaitic pip	e coa	tings
tifie	Signature: (In Blue Ink)			Printe	d Name:					
Ser	2 8. Hage	-01					Tim Ha	agert		
	Date of Final Inspection CO Cell 11/12/2020 139		on Date 1/26/2021	Teleph		2) 582 0604		Cell Phone #	20.000	
	I verify that all refrigerants from			ances ha		0) 582-0694	d in acco	(720) 58		
	15 (for information on CFC regu	irements call 69	2-3100). I further	verify that	t all lumin	ous exit signs (c	ontaining	radioactive mate	rial) has	ve been
ling r o	disposed of in accordance with 6 CCR 1007-1 subpart 3.  CHECK THE APPROPRIATE BOX:  Building Owner  Contractor			r informa	ion on iur	ninous exit sign i	equireme	ents call 303-692-	3320).	
uild wne ntra	disposed of in accordance with 6 CCR 1007-1 subpart 3  CHECK THE APPROPRIATE BOX:  Building Owner  Contractor			Other			T 5-4-			
m ó S	Signature:			Other Print N	lame.	According to the second	Date	9		
	Signature.									
	This Box is Fo			CDPHE	USE ON	ILY:				
Postmark o	r Hand Delivery Date:		Approved E		The second secon		Code:	initial-310	transf	fer-380
Form of Pa	orm of Payment & #: Permit #			Journal of Carlotter						

<sup>\*</sup> Regulated asbestos-containing materials means (a) <u>friable asbestos-containing material</u>, (b) <u>Category I nonfriable ACM</u> that has become <u>friable</u>, (c) <u>Category I</u> nonfriable ACM that will be or has been subjected to sanding, <u>grinding</u>, <u>cutting</u>, or abrading or (d) <u>Category II</u> nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of <u>demolition</u> or <u>renovation</u> operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.



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Permit Coordinator
Colorado Dept. of Public
Health and Environment
APCD-IE-B1
4300 Cherry Creek Drive
South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

	Company Name:		Building Name: Bridge N-21-C									
J.C	Street:				Square footage of footprint of facility or portion of facility to be demolished 2001							
actc	City:	State:	Zip Code:			Street: US Highway 350 Mile Post 47.131 over Draw						
ıtı	Telephone #	Fax#		Site		City: County: Zi						
Ö	( )	( ) Cell Phone #			Timpa			Otero		81059		
no	Project Manager:		Demolition	Proposed Start Date Proposed Completion Date					ite			
Demolition Contractor	I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the facility to be demolished.					/Means of Demolit						
De	Signature:	Print Name:	***************************************		☐ Wrec	king ☐ Burning <sup>†</sup> ☐	] Implosion	☐ Moving ☐ C	Other, sp	pecify:		
	Landfill Receiving Building Debris:				†Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator							
	General Abatement Contractor (GAC	)			Owner's							
s - 5		Description of the second of t				Colorado D	epartmen	nt of Transpo	rtation	1		
Asbestos Removal Contractor	CDPHE Asbestos Permit #	Total Quantity of	Asbestos Remo	0	Street: 2829 West Howard Place							
Asb Ren	Date Removal Completed	Telephone #	Building	City:	Denver		State: CO		Code: 0204			
, 0	Type(s) of Asbestos-Containing Material Removed:				Contact's	s Name:		Telephone	#	**************************************		
	l AAPil					Phil Kangas		(303) 3				
Certified Asbestos Inspector Certification	With my signature below, an Asbestos Building Insp in the Demolition Site bloc asbestos by a NVLAP-acc facility.* I also certify that asbestos-containing mate of ACM remaining, below:	ector. I also be above, san credited labor I have informinal allowed to (check apport)   e (VAT) \( \subseteq \text{VAT} \)	certify that mpled all su ratory, and hed the owr o stay in the ropriate bo	have the spect managed	oroughly terials, hermined tor of the nust rem	r inspected the nad all samples that no Regula e facility or the nain non-friable pregnated roof	facility to analyze ted ACM demolition during o	o be demolied for the profession of the professi	shed, esenc where or that Speci	as listed be of e in the t any ify type(s)		
be	Spray-applied tar coat	ings 🔲 Caul	Iking [_] Gla		g Other, specify:							
ertifi	B. Hager				Tim Hagert							
	Date of Final Inspection         CO Cert           11/12/2020         139		on Date 1/26/2021	Telep	elephone # Cell Phone # (720) 582-0694 (720) 582-0694							
Building Owner or Contractor	I verify that all refrigerants from a 15 (for information on CFC requi disposed of in accordance with 6 CHECK THE APPROPRIATE BOX:  Building Owner	air conditioning/r	refrigeration ap 2-3100). I furth ubpart 3.6.4.3	er verify th	ave been p	properly recovered	taining rac	ance with AQC	C Regu	ulation No.		
38	Signature:			Print	Name:							
Dt .		<u>T</u>	HIS BOX IS FO		E USE ON	NLY:						
Postmark o	or Hand Delivery Date:	***************************************	Approved	Ву:			Code:	initial-310	trans	fer-380		
Form of Payment & #: Permit #:				Record # Date Issued:								

<sup>\*</sup> Regulated asbestos-containing materials means (a) <u>friable asbestos-containing material</u>, (b) <u>Category I nonfriable ACM</u> that has become <u>friable</u>, (c) <u>Category I</u> nonfriable ACM that will be or has been subjected to sanding, <u>grinding</u>, <u>cutting</u>, or abrading or (d) <u>Category II</u> nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of <u>demolition</u> or <u>renovation</u> operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.



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Colorado Dept. of Public
Health and Environment
APCD-IE-B1
4300 Cherry Creek Drive
South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

Asbestos@state.co.us

	Company Name:					5 0 0					
						Building Name: Bridge N-21-F					
	Street:		The second secon			Square footage of footprint of facility or portion of facility to be demolished 4,980					
tor	City: State: 2			:		Street:			<del></del>		
Demolition Contractor				ite	US Highway 350 Mile Post 48.744 over Sheep Canyon Arroyo						
on	Telephone # Fax #				S	City:		Cou		Zip Code:	
Ü	Ö ( )				.0	Timpas			Otero	81059	
tion	Project Manager:	Cell Phone #			) j	Proposed Start Date Proposed Completion Date					
Oli	I certify that the Certified Asbestos B	Building Inspector	nas informed	me	Demolition Site	Method	Means of Demol	ition:	I	**************************************	
em	about any remaining asbestos-conta demolished.	aming materials in	the facility to	be				<b>-</b>	<b></b>		
	Signature:	Print Name:	The total of the state of the s			☐ Wreck	ding ∐ Burning'	∐ Implosi	on Moving Ot	her, specify:	
	Landfill Receiving Building Debris:					+					
						<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 to speak to the Open Burning Permit Coordinator					
	General Abatement Contractor (GAC	C)				Owner's					
8 - 5		p			ne		Colorado 1	Departm	ent of Transport	ation	
Asbestos Removal Contractor	CDPHE Asbestos Permit #	Total Quantity of	Asbestos Re	moved	Owner	Street: 2829 West Howard Place					
sbe	Date Removal Completed	Telephone #	ephone #			City:			State:	Zip Code:	
A A S				Building		Denver		CO	80204		
	Type(s) of Asbestos-Containing Mat					Contact's Name: Telephone # (303) 325-6123					
	With my signature below,	I certify that	l possess	curre	nt AH	ERA acc	creditation and	d state	of Colorado ce	rtification as	
tor	an Asbestos Building Insp	at I ha	ve the	roughly	inspected the	e facility	to be demolis	hed, as listed			
)ec	in the Demolition Site block above, sampled all suspe					eriais, n	ad all sample	s analy	zed for the pre	sence of	
ust	asbestos by a NVLAP-accredited laboratory, and hav facility.* I also certify that I have informed the owner/or					or of the	facility or the	demol	ition contractor	that anv	
tion	asbestos-containing mate	erial allowed	to stay in	the fac	cility m	ust rem	ain non-friabl	e durin	g demolition. S	Specify type(s)	
Certified Asbestos Inspector Certification	of ACM remaining, below	ropriate	box(e	s)):							
\sb erti	☐ Vinyl asbestos floor tile (VAT) ☐ VAT mastic ☐					ohalt im	pregnated roo	ofing [	Asphaltic pipe	coatings	
90	Spray-applied tar coa	itings 🗌 Caι	ılking 🔲 (	Glazing		ther, sp	ecify:				
tifie	Signature: (in Blue ink)				Printed	Name:					
Ser	WE. Hage	y			Tim Hagert						
	Date of Final Inspection 11/12/2020 139		on Date 1/26/2021		Teleph		)) 582-0694	(	Cell Phone # (720) 582	2_0694	
	I verify that all refrigerants from	air conditioning	refrigeration	n appliar	nces ha	ve been p	roperly recovered	d in acco	rdance with AOCC	Regulation No.	
m = 0	15 (for information on CFC required disposed of in accordance with	irements call 69 6 CCR 1007-1	92-3100). I fe Subpart 3.6.4	urther ve 4.3 (for i	erify tha	t all lumin	ous exit signs (co	ontaining	radioactive materia	al) have been	
ding er o	disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for in the contract of the contra					ion on ian	milous exit sigit is	cquironic	ints can 505-052-5.	320).	
Building Owner or Contractor	Building Owner	Contracto	•	ПП	Other			Date			
m 0 0	Building Owner Contractor					lame:		June			
				_							
		]	HIS BOX IS	FOR C	DPHE	USE ON	ILY:				
Postmark o	or Hand Delivery Date:	Marie Control of the	Appro	ved By:						transfer-380	
Form of Payment & #: Permit #:			it #:		Record # Date Issued:						



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4300 Cherry Creek Drive
South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

Asbestos@state.co.us

	Po							American Laborator			
	Company Name:				Building Name: Bridge M-21-I						
	Street:			1	Square footage of footprint of facility or portion of facility to be demolished						
tor	City:	Zip Code:	_	1,794							
Demolition Contractor	City: State: Z		Zip Code.	t e	Street: US Highway 350 Mile Post 56.442 over Draw						
nt T	Telephone #		Site	City:		County:	Zip Code:				
ပိ	Project Manager:	Cell Phone #			Timpa			Otero	81050		
e o	r roject Manager.		Demolition	Propose	Proposed Start Date Proposed Completion Date						
I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the facility to be			Ĭ	Method	/Means of Demolitio	n:	***************************************	and the second second			
Ĕ	demolished.	uning materials in tr	ne facility to be	۵	C \\( \( \)	king 🔲 Burning <sup>†</sup> 🔲					
<u>۵</u>	Signature:	Print Name:			☐ Wrec	her, specify:					
	Landfill Receiving Building Debris:				†Durning	requires additional au	the vimeties (	Diagon!! (00)	0) 000 0400		
					to speak	to the Open Burning P	ermit Coordir	nator	3) 692-3100 and ask		
	General Abatement Contractor (GAC	C)		<u>.</u>	Owner's						
s = 5				Owner		Colorado De	partment c	of Transport	tation		
Asbestos Removal Contractor	CDPHE Asbestos Permit #	Total Quantity of	Asbestos Remov		Street: 2829 West Howard Place						
sbe em ntr	Date Removal Completed	Telephone #		li g	City:	2027	W CSC 110 W	State:	Zip Code:		
A R S			Building		Denver		CO	80204			
	Type(s) of Asbestos-Containing Mate	erial Removed:		98	Contact's	s Name: Phil Kangas		Telephone # (303) 32			
	With my signature below,	Lcertify that I	possess ci	rrent AH	FRA ac		state of C				
ro.	an Asbestos Building Insp	pector. I also	certify that	have the	roughly	inspected the f	acility to b	olorado ce pe demolis	hed, as listed		
ect	in the Demolition Site bloo	ck above, san	npled all sus	pect ma	naterials, had all samples analyzed for the presence of etermined that no Regulated ACM exists anywhere in the						
ds	aspestos by a NVLAP-act	credited labor	atory, and h	ave dete	rmined	that no Regulate	ed ACM e	xists anyw	here in the		
u o	asbestos-containing mate	rial allowed to	ned the own	facility n	perator of the facility or the demolition contractor that any illity must remain non-friable during demolition. Specify type(s)						
Certified Asbestos Inspector Certification	of ACM remaining, below	: (check app	ropriate bo	((es)):	us):						
tific	□ Visual male sets of the conti		—	¬ ,							
Ce As	☐ Vinyl asbestos floor til☐ Spray-applied tar coa	tings C Caul	King Cla	」 lar/as	phalt im	pregnated roofing	ng 💹 Asp	haltic pipe	coatings		
e	Signature: (In Blue Ink)	ungs Cau	King Gla.		Printed Name:						
ŧ	7) 5.40	out			Tim Hagert						
ပီ	Date of Final Inspection   CO Cer	rt # Expiratio	n Date	Telent	one #	1.1		2020 #			
	11/17/2020 139	015 1	/26/2021		Cell Phone # Cell Phone # (720) 582-0694 (720) 582-0694						
	I verify that all refrigerants from	air conditioning/r	efrigeration ap	oliances ha	ve been p	roperly recovered in	accordanc	e with AOCC	Regulation No.		
ro d	15 (for information on CFC required disposed of in accordance with the contract of the contrac	6 CCR 1007-1 st	ubpart 3.6.4.3 (	or informa	ion on lur	ninous exit signs (cont ninous exit sign req	aining radio: uirements ca	active materi all 303-692-3	ai) have been 320).		
din	CHECK THE APPROPRIATE BOX:										
Building Owner or Contractor	Building Owner	Contractor		Other			Date				
100	Signature:			Print N	lame:		]				
		Tı	HIS BOX IS FO	R CDPHE	USE ON	ILY:					
Postmark o	r Hand Delivery Date:		Approved	Ву:				nitial-310  transfer-380			
Form of Payment & #: Permit #:				Record # Date Issued:							



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Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

Asbestos@state.co.us

					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Company Name:				Building		Pridge ()-1	10 D		
	Street:				Bridge O-19-D Square footage of footprint of facility or portion of facility to be demolished					
to	City:	State:	Zip Code:	_	Ctroot		2,130			
၂အင	•	State.	Zip Code.	t e	Street: US	Highway 350 Mil	e Post 10.	287 over Lun	nino Arrovo	
nti	Telephone #	Fax#		Site	City:				Zip Code:	
ပိ	Project Manager:	Cell Phone #		<u></u> <u></u> <u></u> <u></u>	Trinida		La	s Animas	81082	
on			Demolition	Propose	d Start Date	Pro	posed Completion	n Date		
盖	I certify that the Certified Asbestos B about any remaining asbestos-conta	Juilding Inspector h	as informed me	Ĕ	Method	/Means of Demolitio	n:			
Demolition Contractor	demolished.	ining materials in u	ne racility to be	۵						
۵	Signature:	Print Name:			U vvred	king Burning <sup>†</sup> D	mplosion L	Moving ∐ Otne	r, specify:	
	Landfill Receiving Building Debris:				†Burning	requires additional aut	horization –	tion – Please call (303) 692-3100 and ask		
	General Abatement Contractor (GAC	0)		-	Owner's	to the Open Burning P	ermit Coordii	nator		
	Odriela / Ibalembile Contracto. (C. 12	<i>'</i> )		ē	Owners		partment o	of Transportat	ion	
tos	CDPHE Asbestos Permit #	Total Quantity of	Asbestos Remov	Owner	Street:			1		
no) trac		Telephone #	····		2829 West Howard Place					
Asbestos Removal Contractor	Date Removal Completed		Building	City:	Danvion		State: Z	Zip Code:		
4-0	Type(s) of Asbestos-Containing Material Removed:				Contact	Denver s Name		CO 80204 Telephone #		
						Phil Kangas		(303) 325-		
Certified Asbestos Inspector Certification	With my signature below, an Asbestos Building Inspirit the Demolition Site blocasbestos by a NVLAP-accifacility.* I also certify that asbestos-containing mate of ACM remaining, below:	have the pect made ave detection facility rates. (es):	oroughly terials, hermined tor of the nust rem	r inspected the fanad all samples a that no Regulate e facility or the de nain non-friable o	acility to be analyzed ac ACM emolition during de	be demolished for the present exists anywholicontractor the molition. Sp	ed, as listed ence of ere in the nat any ecify type(s)			
₹ ŭ	Spray-applied tar coat	tings 🗌 Cau	lking 🔲 Gla	ing 🔲 (	g Other, specify:					
tifie	Signature: (In Blue Ink)	0 _		Printe	d Name:					
e	720€.66				Tim Hagert					
	Date of Final Inspection         CO Cer           11/17/2020         139		on Date 1/26/2021	Telep	Pephone # Cell Phone # (720) 582-0694 (720) 582-0694					
Building Owner or Contractor	I verify that all refrigerants from a 15 (for information on CFC requidisposed of in accordance with 6 CHECK THE APPROPRIATE BOX:	airements call 692 6 CCR 1007-1 si	2-3100). I furthe	r verify th	ave been p	properly recovered in	ainina radia	ce with AQCC R	egulation No.	
whe				1			T			
ā o s	Building Owner Signature:	Contractor		Other			Date			
	olgnature.			Print	Name:					
		Т	HIS BOX IS FO	CDPH	F HSE ON	JI V•				
Postmark o	r Hand Delivery Date:	11	Approved		_ 000 01		ode: Din	nitial-310 🔲 tra	ansfer-380	
Form of Payment & #: Permit #:				Record # Date Issued:						



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	l o										
	Company Name:		Building Name: Bridge I-17-X								
	Street:		Square footage of footprint of facility or portion of facility to be demolished								
ior	City:	T =		924							
ac	Gity.	State:	Zip Code:	ø	Street: US Highway 24 Mile Post 295.387 over Fountain Creek						
ntr	Telephone #	Fax#		- is	City: County: Zip Code:						
ပိ	( )	( )	)		Cascac			El Paso	80809		
Demolition Contractor	Project Manager:	Cell Phone #		Demolition Site	Propose	d Start Date	Pro	posed Completi	on Date		
I ţ	I certify that the Certified Asbestos B	Building Inspector h	as informed me	e e	Method	/Means of Demolition	on:				
no	about any remaining asbestos-conta demolished.	ining materials in t	he facility to be	De							
Der	Signature:	Print Name:		-	☐ Wrec	king 🗌 Burning <sup>†</sup> 🔲	Implosion [	Moving Oth	ner, specify:		
	Landell December Deliation Delicity										
	Landfill Receiving Building Debris:				†Burning	requires additional au	ıthorization –	Please call (303	) 692-3100 and ask		
	0	2)		-		to the Open Burning	Permit Coordi	inator			
	General Abatement Contractor (GAC	D)		٥	Owner's		nartment	of Transporta	ation		
al al	CDPHE Asbestos Permit #	Total Quantity of	Asbestos Remove	Owner	Street:	Colorado De	partment	OI ITAIISPOITA	ation		
sste lov ac		. Star Quartity of	/ lobooloo   (cillove	Ó	2829 West Howard Place						
Asbestos Removal Contractor	Date Removal Completed	Telephone #		in g	City:	**************************************	State:		Zip Code:		
A R S			Building		Denver		CO	80204			
	Type(s) of Asbestos-Containing Mat	erial Removed:		ğ	Contact's	s Name: Phil Kangas		Telephone #	5 6122		
	With my signature below,	I certify that	l nossess cur	cent A H	EDA co		otata of C	(303) 325			
<u> </u>	an Asbestos Building Insp	pector. I also	certify that I	ave the	roughly	inspected the	state of C	he demoliek	ned as listed		
ct	in the Demolition Site bloc	mpled all sus	ect mat	erials, h	nad all samples	analvzed	for the pres	sence of			
ed s	asbestos by a NVLAP-ac	credited labo	ratory, and ha	ve dete	etermined that no Regulated ACM exists anywhere in the						
l i	facility.* I also certify that	l have inform	ned the owne	r/operat	or of the	facility or the	lemolition	contractor	that any		
tos	of ACM remaining, below	riai allowed i	o stay in the	acility m	lity must remain non-friable during demolition. Specify type(s)						
Asbestos Ir Certification	Or Aow remaining, below	. (cireck app	ropriate box	(es)).							
\sb erti	☐ Vinyl asbestos floor ti	le (VAT) 🔲 \	/AT mastic [	Tar/as	phalt im	pregnated roofi	na 🗆 Ası	phaltic pipe	coatings		
\$ O	Spray-applied tar coa	tings 🗌 Cau	lking 🗌 Glaz	ng 💹 C	ther, sp	pecify:	J	,	3.5		
ifie	Signature: (In Blue Ink)	n		Printed	Name:						
Certified Asbestos Inspector Certification	Zv 8. Etag	eit			Tim Hagert						
0	Date of Final Inspection CO Ce			Teleph	elephone # Cell Phone #						
	11/17/2020 139		1/26/2021			0) 582-0694		(720) 582			
	I verify that all refrigerants from 15 (for information on CFC requ	iirements call 69	2-3100). I furthei	verify tha	t all lumin	ous exit signs (con	aining radio	active materia	al) have been		
10 10	disposed of in accordance with	6 CCR 1007-1 s	ubpart 3.6.4.3 (f	r informat	ion on lur	ninous exit sign req	uirements o	all 303-692-33	320).		
din	CHECK THE APPROPRIATE BOX:										
Building Owner or Contractor	Building Owner Contractor				***************************************	· · · · · · · · · · · · · · · · · · ·	Date				
m 0 3	Signature:		Other Print N	lame:							
		T	HIS BOX IS FOR	CDPHE	USE ON	JLY:					
Postmark o	or Hand Delivery Date:	-	Approved I				ode: Ti	nitial-310	transfer-380		
Form of Pa	vment & #-	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					1 413161-000		
Form of Payment & #:			Permit #:		Record #		Date Issued:				

<sup>\*</sup> Regulated asbestos-containing materials means (a) <u>friable asbestos-containing material</u>, (b) <u>Category I nonfriable ACM</u> that has become <u>friable</u>, (c) <u>Category I</u> nonfriable ACM that will be or has been subjected to sanding, <u>grinding</u>, <u>cutting</u>, or abrading or (d) <u>Category II</u> nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of <u>demolition</u> or <u>renovation</u> operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.



APPLICATION FEE MUST ACCOMPANY THIS FORM INCOMPLETE APPLICATIONS WILL BE RETURNED

(Notice will be mailed to the demolition contractor unless specified otherwise)

Fee: \$50 + \$5 per 1000 ft<sup>2</sup> of area to be demolished = \$\_\_\_\_\_(See instruction #1 on reverse side)

Submit form to:
Permit Coordinator
Colorado Dept. of Public
Health and Environment
APCD-IE-B1
4300 Cherry Creek Drive
South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278

	Company Name:		Building Name:  Bridge I-13-H								
	Street:	****	111001	1	Square footage of footprint of facility or portion of facility to be demolished						
tç.	City: State:		Zip Code:	-	2,070 Street:						
tra	Telephone #		ite	US Highway 24 Mile Post 229.431							
u o	( )	Fax #		l S	City: Hartse		County	: Park		Zip Code: 80449	
Demolition Contractor	Project Manager:	A CONTRACTOR OF THE PARTY OF TH	Demolition Site		d Start Date	<del>'</del>	Proposed Completion Date				
III E	I certify that the Certified Asbestos B	uilding Inspector ha	as informed me	e e	Method	/Means of Demoli	ion:		<b>.</b>		
about any remaining asbestos-containing materials in the facility to be demolished.			De								
Õ	Signature:	Print Name:			☐ VVreci	king 🗌 Burning <sup>†</sup> [	_ Implosion	☐ Moving ☐ O	ther, sp	ecify:	
	Landfill Receiving Building Debris:				†Burning	requires additional	authorization	n – Please call (30	3) 692-	3100 and ask	
	General Abatement Contractor (GAC	2)		+-	to speak Owner's	to the Open Burning	Permit Coo	ordinator			
				ner	OWNERS		epartmer	nt of Transpor	tation	1	
Asbestos Removal Contractor	CDPHE Asbestos Permit #	Total Quantity of	Asbestos Remove	0	Street: 2829 West Howard Place						
sbe Ser ont	Date Removal Completed	Telephone #		Building	City:	D		State:		Code:	
4-0	Type(s) of Asbestos-Containing Mate			Contact's	Denver		CO Telephone #		)204		
						Phil Kangas		(303) 32	5-612		
Certified Asbestos Inspector Certification	With my signature below, an Asbestos Building Inspin the Demolition Site blocasbestos by a NVLAP-accfacility.* I also certify that asbestos-containing mate of ACM remaining, below:	pector. I also ck above, san credited labor I have informatial allowed to check appropersion.	certify that I npled all suspatory, and had the owned stay in the copriate box	nave tho lect mat ve dete r/operat acility m (es)):	oroughly erials, h rmined or of the nust rem	inspected the ad all samples that no Regula facility or the ain non-friable	facility to analyze ted ACM demolition during o	o be demolis ed for the pre  // exists anyw on contractor demolition.	thed, esence where that Speci	as listed e of in the any fy type(s)	
Q Q	Spray-applied tar coat	tings    Caul	king  Glaz	ng 🔲 C							
tifie	Signature: (In Blue Ink)	•		Printed	Name:			,,			
Ö	Cit. daged					,	Γim Hage				
	Date of Final Inspection CO Cer 11/17/2020 139		n Date /26/2021	Teleph		) 582-0694	Cel	1 Phone # (720) 582	2-069	4	
Building Owner or Contractor	I verify that all refrigerants from a 15 (for information on CFC requidisposed of in accordance with 6 CHECK THE APPROPRIATE BOX:	air conditioning/r irements call 692 5 CCR 1007-1 su	efrigeration app	verity tha	ve been p	roperly recovered	ntaining ra	ance with AQCC	Regu	lation No	
3uil onti	Building Owner	Contractor		Other	***************************************	Colored Constitution of the Colored Constitution of the Colored Colore	Date				
203	Signature:			Print N	lame:	TATAL STREET,		The state of the s	<del></del>		
		Tı	HIS BOX IS FOR	CDPHE	USE ON	ILY:					
	r Hand Delivery Date:		Approved B	y:	Code: initial-310			transf	fer-380		
Form of Payment & #: Permit #:				Record # Date Issued:							

<sup>\*</sup> Regulated asbestos-containing materials means (a) <u>friable asbestos-containing material</u>, (b) <u>Category I nonfriable ACM</u> that has become <u>friable</u>, (c) <u>Category I nonfriable ACM</u> that will be or has been subjected to sanding, <u>grinding</u>, <u>cutting</u>, or abrading or (d) <u>Category II</u> nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of <u>demolition</u> or <u>renovation</u> operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.



APPLICATION FEE MUST ACCOMPANY THIS FORM INCOMPLETE APPLICATIONS WILL BE RETURNED

(Notice will be mailed to the demolition contractor unless specified otherwise)

Fee: \$50 + \$5 per 1000 ft<sup>2</sup> of area to be demolished = \$\_\_\_\_\_\_(See instruction #1 on reverse side)

		-		550		- 1860						
	Company Name:				ı	Building I		D : 1 D 1	0.634			
	Street:				-	Bridge P-19-G Minor Square footage of footprint of facility or portion of facility to be demolished						
<b>_</b>						713						
Demolition Contractor	City:	State:		Zip Code:	1	Street:						
tra	Telephone # Fax #				Site		State Highw		ost 1.74 over Canal			
l uo l	Telephone #	Fa:	×#		န	City: Trinida	.1	County		Zip Code:		
ŭ	Project Manager:	Ce	Il Phone #		₫ .፬		I Start Date		Las Animas Proposed Comple	81082		
<u> </u>	, , , , , ,		)		Demolition	1 Toposco	Clari Date		Froposed Compi	silon Date		
i i	I certify that the Certified Asbes				ĬĔ	Method/Means of Demolition:						
ဋ	about any remaining asbestos- demolished.	containing	materials in t	he facility to be	၂ ချ							
e l	Signature:	Pri	int Name:		1	☐ Wreck	king ☐ Burning <sup>†</sup>	☐ Implosion	☐ Moving ☐ C	Other, specify:		
					1							
	Landfill Receiving Building Deb	ris:			1	†Din			51 " 100			
			_			to speak	requires additiona to the Open Burni	ai autnorization ing Permit Cod	n – Please call (30 ordinator	03) 692-3100 and ask		
	General Abatement Contractor	(GAC)			1	Owner's I						
_ [					Owner		Colorado	Departmen	nt of Transpor	rtation		
os al to	CDPHE Asbestos Permit #	Tota	l Quantity of	Asbestos Removed	1 ≩	Street:						
est nov rac						2829 West Howard Place						
Asbestos Removal Contractor	Date Removal Completed Telephone #				Building	City:			State:	Zip Code:		
8 8 S			)				Denver		CO	80204		
	Type(s) of Asbestos-Containing	Material F	Removed:		<u> </u>	Contact's			Telephone			
							Phil Kang		(303) 32			
	With my signature bel	ow, I ce	rtify that I	possess curr	ent AHI	ERA acc	reditation ar	nd state of	Colorado ce	ertification as		
ļ o	an Asbestos Building Inspector. I also certify that I have thoroughly inspected the facility to be demolished, as listed in the Demolition Site block above, sampled all suspect materials, had all samples analyzed for the presence of											
Certified Asbestos Inspector Certification	in the Demolition Site	DIOCK a	bove, san	npled all suspe	ect mat	erials, h	ad all sample	es analyze	ed for the pre	esence of		
dsı	facility * Lalso certify:	-accreu	we inform	atory, and nav	e dete	e determined that no Regulated ACM exists anywhere in the operator of the facility or the demolition contractor that any cility must remain non-friable during demolition. Specify type(s)						
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Asbestos Ir Certification	of ACM remaining, be	low: (ch	eck ann	ronriate hox	icility III							
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ပ္ပ		Cert#		- Data	T.1.							
	3/10/2021	13915	Expiratio	./26/2022	Teleph		) 582-0694	Cel	Phone # (720) 58	2 0604		
	I verify that all refrigerants f				nces hav			ed in accords				
_	15 (for information on CFC)	requireme	ents call 692	2-3100). I further v	erify that	all lumino	ous exit signs (c	containing rad	dinactive mater	ial) have been		
	disposed of in accordance v	with 6 CC	R 1007-1 st	ubpart 3.6.4.3 (for	informat	ion on lum	inous exit sign	requirement	s call 303-692-3	3320).		
dir rac	CHECK THE APPROPRIATE E	зох:										
Building Owner or Contractor	Building Owner		Contractor		Other			Date				
<b></b> 0 Ω	Signature:				Print N	ame.						
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	ted ashestos-containing mat			and the second second		1800 - 2000	(b) (b)	- FG	***	2000		

<sup>\*</sup> Regulated asbestos-containing materials means (a) <a href="friable">friable</a> asbestos-containing material</a>, (b) <a href="Category I nonfriable ACM">Category I nonfriable ACM</a> that has become <a href="friable">friable</a>, (c) <a href="Category I nonfriable ACM">Category II</a> nonfriable ACM that will be or has been subjected to sanding, <a href="grinding">grinding</a>, <a href="grinding">cutting</a>, or abrading or (d) <a href="Category II">Category II</a> nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of <a href="mailto:demolition">demolition</a> or <a href="mailto:renovation">renovation</a> operations regulated by this regulation.

Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.

## **Demolition Notice Application Form Information and Instructions:**

- 1. To determine the proper amount for the application fee, multiply the length of the building (lineal feet) by the width of the building (lineal feet). Divide the total by 1000, round the result up to the next whole number and multiply this number by 5\$. This is the square footage fee. Add the square footage fee to the base fee of \$50 and submit the total amount to the Division along with the demolition notice application form.
  - Ex:  $40 \text{ft.} \times 52 \text{ft.} = 2080 \text{ square feet}$ ; 2080/1000 = 2.08 (round up to 3);  $3 \times $5 = $15 \text{ (square footage fee)} $15 + $50 \text{ (base fee)} = $65 \text{ total application fee.}$
- 2. In the event that only a load-bearing member is demolished, the square footage fee is calculated the same way as in "number 1". However, you only need to calculate the actual footprint of the load-bearing member.
- 3. All spaces must be filled in on the application. If the information is not applicable, please write N/A. Incomplete information may result in a delay in processing the application, which may delay your project.
- 4. We must have proposed start and end dates for the demolition.
- 5. There is a 10 working-day advance notification requirement for permit applications. Day 1 is the 1<sup>st</sup> business day <u>following</u> the postmark or hand-delivery date. (Working Day means Monday through Friday and including holidays that falls on any of the days Monday through Friday.) If a demolition follows a **permitted** or **noticed** asbestos abatement project within 10 business days of the completion of the abatement project, the 10 working-day advance notification requirement will be waived.
- 6. The Colorado-certified asbestos inspector must sign the form in blue ink. (Original signature must be submitted.) The building owner or the contractor must also sign the application certifying that all refrigerants and luminous signs have been properly removed from the site.
- 7. If the notice must be modified after the application has been submitted, notify the Asbestos Unit by fax at 303-782-0278 or e-mail at <a href="mailto:asbestos@state.co.us">asbestos@state.co.us</a> by the end of the next regular State business day following the modification. Project modifications include discovery of unidentified asbestos-containing materials, changes in scope of work or the scheduled work dates. Please use the Permit/Notice Modification Form.
- 8. Recycling of materials, such as concrete or wood, that are bonded or contaminated with asbestos-containing material (ACM), such as floor tile or mastic, is NOT permitted.
- 9. Demolition of a building that has non-friable asbestos-containing materials remaining must be completed without causing the asbestos-containing materials to become friable. Burning a building with any asbestos-containing materials is PROHIBITED. Concrete floors covered with floor tile shall be removed in as large sections as possible. Operations such as crushing, pneumatic jacking, etc. of materials containing asbestos are not permitted.
- 10. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not. Demolition permits or approval notices appearing to give authority to violate or override the provisions of any other laws or ordinances shall be invalid. Furthermore, demolition permits or approval notices issued in error or based upon incorrect information supplied to the Division shall also be invalid.