



Colorado Department  
of Public Health  
and Environment

# DEMOLITION NOTIFICATION APPLICATION FORM

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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge G-12-C</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>874</b>		
	City:	State:	Zip Code:		Street: <b>State Highway 9 Mile Post 71.445 over Platte Gulch</b>		
	Telephone # ( )	Fax # ( )			City: <b>Alma</b>	County: <b>Park</b>	Zip Code: <b>80420</b>
	Project Manager:	Cell Phone # ( )			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 demolished.				Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:							
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>		
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street: <b>2829 West Howard Place</b>		
	Date Removal Completed	Telephone # ( )			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:						
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/10/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	<b>CHECK THE APPROPRIATE BOX:</b>						
<input type="checkbox"/> Building Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other		Date	
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380		
Form of Payment & #:		Permit #:	Record #	Date Issued:			

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation 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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge H-13-N</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>700</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 24 Mile Post 240.686 over Draw</b>		
	Telephone # ( ) ( )	Fax # ( ) ( )			City: <b>Hartsel</b>	County: <b>Park</b>	Zip Code: <b>80449</b>
	Project Manager:	Cell Phone # ( ) ( )			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 demolished.				Method/Mean of Demolition:  <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			† Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:			<b>Asbestos Removal Contractor</b>	<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>		
General Abatement Contractor (GAC)					Street: <b>2829 West Howard Place</b>		
CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed				City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>
Date Removal Completed	Telephone # ( ) ( )				Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>
Type(s) of Asbestos-Containing Material Removed:			With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :				
			<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:				
Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
Date of Final Inspection <b>11/10/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>		Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	CHECK THE APPROPRIATE BOX: <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> Date						
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:		Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #	Date Issued:			

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APCD-IE-B1  
4300 Cherry Creek Drive  
South  
Denver, CO 80246-1530  
Phone: 303-692-3100  
Fax: 303-782-0278  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge I-13-G</b>			
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>2,060</b>			
	City:	State:	Zip Code:		Street: <b>US Highway 24 Mile Post 227.095 over Draw</b>			
	Telephone # ( ) ( )	Fax # ( ) ( )			City: <b>Hartsel</b>	County: <b>Park</b>	Zip Code: <b>80449</b>	
	Project Manager:	Cell Phone # ( ) ( )			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 demolished.							
	Signature:		Print Name:		Method/Means of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:			
Landfill Receiving Building Debris:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator					
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street: <b>2829 West Howard Place</b>			
	Date Removal Completed	Telephone # ( ) ( )			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>			Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :							
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:							
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
	Date of Final Inspection <b>11/10/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>			
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).							
	CHECK THE APPROPRIATE BOX: <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other    Date _____							
Signature:			Print Name:					
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>								
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:			Permit #:		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

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge I-15-AO</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>945</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 24 Mile Post 271.900 over Draw</b>		
	Telephone # ( )	Fax # ( )			City: <b>Florissant</b>	County: <b>Teller</b>	Zip Code: <b>80816</b>
	Project Manager:	Cell Phone # ( )			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 demolished.				Method/Mean of Demolition:		
	Signature:	Print Name:			<input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
Landfill Receiving Building Debris:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator				
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>		
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street: <b>2829 West Howard Place</b>		
	Date Removal Completed	Telephone # ( )			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
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	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/10/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	CHECK THE APPROPRIATE BOX:						
<input type="checkbox"/> Building Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other		Date	
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380		
Form of Payment & #:			Permit #:		Record #	Date Issued:	

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South  
Denver, CO 80246-1530  
Phone: 303-692-3100  
Fax: 303-782-0278  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge I-15-T</b>				
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>945</b>				
	City:		State:		Zip Code:		Street: <b>US Highway 24 Mile Post 271.691 over Draw</b>		
	Telephone # ( ) ( )		Fax # ( ) ( )		City: <b>Florissant</b>		County: <b>Teller</b>	Zip Code: <b>80816</b>	
	Project Manager:		Cell Phone # ( ) ( )		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 demolished.								
	Signature:				Print Name:				
Landfill Receiving Building Debris:									
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>				
	CDPHE Asbestos Permit #		Total Quantity of Asbestos Removed		Street: <b>2829 West Howard Place</b>				
	Date Removal Completed		Telephone # ( ) ( )		City: <b>Denver</b>		State: <b>CO</b>	Zip Code: <b>80204</b>	
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>		
<b>Certified Asbestos Inspector</b>	<p>With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b>:</p> <p><input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings  <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:</p>								
	Signature: (In Blue Ink) 				Printed Name: <b>Tim Hagert</b>				
	Date of Final Inspection <b>11/10/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>				
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Phone: 303-692-3100  
Fax: 303-782-0278  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge J-14-C</b>			
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>1,152</b>			
	City:	State:	Zip Code:		Street: <b>State Highway 9 Mile Post 20.107 over Louis Gulch</b>			
	Telephone # ( ) ( )	Fax # ( ) ( )			City: <b>Guffey</b>	County: <b>Park</b>	Zip Code: <b>80820</b>	
	Project Manager:	Cell Phone # ( ) ( )			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 demolished.							
	Signature:	Print Name:						
Landfill Receiving Building Debris:			Method/Mean of Demolition:  <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:					
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street: <b>2829 West Howard Place</b>			
	Date Removal Completed	Telephone # ( ) ( )			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>			Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :							
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:							
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
	Date of Final Inspection <b>11/10/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>			
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).							
	CHECK THE APPROPRIATE BOX:							
<input type="checkbox"/> Building Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other		Date		
Signature:			Print Name:					

**THIS BOX IS FOR CDPHE USE ONLY:**

Postmark or Hand Delivery Date:	Approved By:	Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380
Form of Payment & #:	Permit #:	Record #      Date Issued:

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





Colorado Department  
of Public Health  
and Environment

# DEMOLITION NOTIFICATION APPLICATION FORM

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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			Building Name: <b>Culvert J-15-G</b>			
	Street:						
	City:	State:	Zip Code:	Square footage of footprint of facility or portion of facility to be demolished <b>1,008</b>			
	Telephone # ( ) ( ) ( )	Fax # ( ) ( ) ( )	Street: <b>State Highway 9 Mile Post 15.970 over Mack Gulch</b>				
	Project Manager:	Cell Phone # ( ) ( ) ( )	City: <b>Guffey</b>	County: <b>Park</b>	Zip Code: <b>80820</b>		
	I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the facility to be demolished.			Proposed Start Date			Proposed Completion Date
	Signature:	Print Name:	Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:				
Landfill Receiving Building Debris:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator				
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			Owner's Name: <b>Colorado Department of Transportation</b>			
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed		Street: <b>2829 West Howard Place</b>			
	Date Removal Completed	Telephone # ( ) ( ) ( )		City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
	Type(s) of Asbestos-Containing Material Removed:			Contact's Name: <b>Phil Kangas</b>			Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:						
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/10/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	CHECK THE APPROPRIATE BOX: <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other    Date: _____						
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:		Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #	Date Issued:			

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





Colorado Department  
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and Environment

# DEMOLITION NOTIFICATION APPLICATION FORM

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(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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge M-21-B</b>			
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>2,520</b>			
	City:	State:	Zip Code:		Street: <b>US Highway 350 Mile Post 51.682 over Lone Tree Arroyo</b>			
	Telephone # ( )	Fax # ( )			City: <b>Timpas</b>	County: <b>Otero</b>	Zip Code: <b>81059</b>	
	Project Manager:	Cell Phone # ( )			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 demolished.							
	Signature:	Print Name:			Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:			
Landfill Receiving Building Debris:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator					
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street: <b>2829 West Howard Place</b>			
	Date Removal Completed	Telephone # ( )			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>			Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :							
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:							
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
	Date of Final Inspection <b>11/12/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>			
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).							
	<b>CHECK THE APPROPRIATE BOX:</b>							
	<input type="checkbox"/> Building Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other	Date				
Signature:			Print Name:					
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>								
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #:	Date Issued:				

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





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# DEMOLITION NOTIFICATION APPLICATION FORM

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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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			Building Name: <b>Bridge M-21-C</b>			
	Street:						
	City:	State:	Zip Code:	Square footage of footprint of facility or portion of facility to be demolished <b>3,780</b>			
	Telephone # ( ) ( ) ( )	Fax # ( ) ( ) ( )	Street: <b>US Highway 350 Mile Post 50.582 over Hoe Ranch Arroyo</b>				
	Project Manager:	Cell Phone # ( ) ( ) ( )	City: <b>Timpas</b>	County: <b>Otero</b>	Zip Code: <b>81059</b>		
	I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the facility to be demolished.			Proposed Start Date			Proposed Completion Date
	Signature:	Print Name:	Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:				
Landfill Receiving Building Debris:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator				
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			Owner's Name: <b>Colorado Department of Transportation</b>			
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed		Street: <b>2829 West Howard Place</b>			
	Date Removal Completed	Telephone # ( ) ( ) ( )		City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
	Type(s) of Asbestos-Containing Material Removed:			Contact's Name: <b>Phil Kangas</b>			
			Telephone # <b>(303) 325-6123</b>				
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:						
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/12/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	<b>CHECK THE APPROPRIATE BOX:</b>						
	<input type="checkbox"/> Building Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other	Date			
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:		Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #	Date Issued:			

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# DEMOLITION NOTIFICATION APPLICATION FORM

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

<b>Demolition Contractor</b>	Company Name:			Building Name: <b>Bridge M-21-J</b>			
	Street:						
	City:	State:	Zip Code:	Square footage of footprint of facility or portion of facility to be demolished <b>1,200</b>			
	Telephone # ( ) ( ) ( )	Fax # ( ) ( ) ( )	Street: <b>US Highway 350 Mile Post 57.069 over Draw</b>				
	Project Manager:	Cell Phone # ( ) ( ) ( )	City: <b>Timpas</b>	County: <b>Otero</b>	Zip Code: <b>81059</b>		
	I certify that the Certified Asbestos Building Inspector has informed me about any remaining asbestos-containing materials in the facility to be demolished.			Proposed Start Date			Proposed Completion Date
	Signature:	Print Name:	Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:				
Landfill Receiving Building Debris:			† Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator				
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			Owner's Name: <b>Colorado Department of Transportation</b>			
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed		Street: <b>2829 West Howard Place</b>			
	Date Removal Completed	Telephone # ( ) ( ) ( )		City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
	Type(s) of Asbestos-Containing Material Removed:			Contact's Name: <b>Phil Kangas</b>			Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:						
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/12/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	CHECK THE APPROPRIATE BOX: <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> Date						
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:		Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #:	Date Issued:			

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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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge M-22-U</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>1,320</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 350 Mile Post 69.817 over Otero Ditch</b>		
	Telephone # ( )	Fax # ( )			City: <b>La Junta</b>	County: <b>Otero</b>	Zip Code: <b>81050</b>
	Project Manager:	Cell Phone # ( )			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 demolished.				Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
General Abatement Contractor (GAC)				Street: <b>2829 West Howard Place</b>			
CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
Date Removal Completed	Telephone # ( )			Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>	
Type(s) of Asbestos-Containing Material Removed:			<p>With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b>:</p> <p><input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings  <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:</p>				
Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
Date of Final Inspection <b>11/12/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>			
<p>I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).</p> <p><b>CHECK THE APPROPRIATE BOX:</b></p> <p><input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> _____ Date _____</p> <p>Signature: _____ Print Name: _____</p>							
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380		
Form of Payment & #:			Permit #:		Record #:	Date Issued:	

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





Colorado Department  
of Public Health  
and Environment

# DEMOLITION NOTIFICATION APPLICATION FORM

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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			Building Name: <b>Bridge M-22-Y</b>		
	Street:					
	City:	State:	Zip Code:	Street: <b>US Highway 350 Mile Post 57.474 over Draw</b>		
	Telephone # ( ) ( )	Fax # ( ) ( )		City: <b>Timpas</b>	County: <b>Otero</b>	Zip Code: <b>81059</b>
	Project Manager:	Cell Phone # ( ) ( )		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 demolished.			Method/Mean of Demolition:  <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
Signature: _____ Print Name: _____			† Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator			
Landfill Receiving Building Debris:						
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			Owner's Name: <b>Colorado Department of Transportation</b>		
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed		Street: <b>2829 West Howard Place</b>		
	Date Removal Completed	Telephone # ( ) ( )		City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>
	Type(s) of Asbestos-Containing Material Removed:			Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :					
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:					
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>		
	Date of Final Inspection <b>11/12/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>	
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).					
	<b>CHECK THE APPROPRIATE BOX:</b>					
<input type="checkbox"/> Building Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other		Date
Signature: _____			Print Name: _____			
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>						
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380	
Form of Payment & #:		Permit #:	Record #	Date Issued:		

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





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# DEMOLITION NOTIFICATION APPLICATION FORM

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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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge N-21-C</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>2001</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 350 Mile Post 47.131 over Draw</b>		
	Telephone # ( ) ( )	Fax # ( ) ( )			City: <b>Timpas</b>	County: <b>Otero</b>	Zip Code: <b>81059</b>
	Project Manager:	Cell Phone # ( ) ( )			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 demolished.				Method/Mean of Demolition:  <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
General Abatement Contractor (GAC)				Street: <b>2829 West Howard Place</b>			
CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
Date Removal Completed	Telephone # ( ) ( )			Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>	
Type(s) of Asbestos-Containing Material Removed:			<p>With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b>:</p> <p><input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings  <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:</p>				
Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
Date of Final Inspection <b>11/12/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>			
<p>I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).</p> <p><b>CHECK THE APPROPRIATE BOX:</b></p> <p><input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> Date</p>							
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380		
Form of Payment & #:			Permit #:		Record #	Date Issued:	

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





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# DEMOLITION NOTIFICATION APPLICATION FORM

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(See instruction #1 on reverse side)

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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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge N-21-F</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>4,980</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 350 Mile Post 48.744 over Sheep Canyon Arroyo</b>		
	Telephone # ( ) ( )	Fax # ( ) ( )			City: <b>Timpas</b>	County: <b>Otero</b>	Zip Code: <b>81059</b>
	Project Manager:	Cell Phone # ( ) ( )			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 demolished.				Method/Mean of Demolition:  <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			†Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
General Abatement Contractor (GAC)				Street: <b>2829 West Howard Place</b>			
CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
Date Removal Completed	Telephone # ( ) ( )			Contact's Name: <b>Phil Kangas</b>			
Type(s) of Asbestos-Containing Material Removed:			Telephone # <b>(303) 325-6123</b>				
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:						
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/12/2020</b>	OO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	<b>CHECK THE APPROPRIATE BOX:</b>						
<input type="checkbox"/> Building Owner		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other		Date	
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380		
Form of Payment & #:		Permit #:		Record #:		Date Issued:	

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# DEMOLITION NOTIFICATION APPLICATION FORM

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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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge M-21-I</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>1,794</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 350 Mile Post 56.442 over Draw</b>		
	Telephone # ( )	Fax # ( )			City: <b>Timpas</b>	County: <b>Otero</b>	Zip Code: <b>81050</b>
	Project Manager:	Cell Phone # ( )			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 demolished.				Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
General Abatement Contractor (GAC)				Street: <b>2829 West Howard Place</b>			
CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
Date Removal Completed	Telephone # ( )			Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>	
Type(s) of Asbestos-Containing Material Removed:			Certified Asbestos Inspector Certification				
<p>With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: (check appropriate box(es)):</p> <p><input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings  <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:</p>							
Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
Date of Final Inspection <b>11/17/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>			
<p>I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).</p> <p><b>CHECK THE APPROPRIATE BOX:</b></p> <p><input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> Date</p>							
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:		Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #	Date Issued:			

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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

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge O-19-D</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>2,130</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 350 Mile Post 10.287 over Lunning Arroyo</b>		
	Telephone # ( )	Fax # ( )			City: <b>Trinidad</b>	County: <b>Las Animas</b>	Zip Code: <b>81082</b>
	Project Manager:		Cell Phone # ( )		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 demolished.						
	Signature:		Print Name:		Method/Mean of Demolition:  <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
Landfill Receiving Building Debris:			† Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator				
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>		
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street: <b>2829 West Howard Place</b>		
	Date Removal Completed	Telephone # ( )			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: (check appropriate box(es)):						
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	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/17/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	CHECK THE APPROPRIATE BOX:  <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other    Date: _____						
Signature:			Print Name:				
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Fax: 303-782-0278  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge I-17-X</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>924</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 24 Mile Post 295.387 over Fountain Creek</b>		
	Telephone # ( ) ( )	Fax # ( ) ( )			City: <b>Cascade</b>	County: <b>El Paso</b>	Zip Code: <b>80809</b>
	Project Manager:		Cell Phone # ( ) ( )		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 demolished.						
	Signature:		Print Name:		Method/Mean of Demolition:  <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
Landfill Receiving Building Debris:			† Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator				
<b>Asbestos Removal Contractor</b>	General Abatement Contractor (GAC)			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>		
	CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			Street: <b>2829 West Howard Place</b>		
	Date Removal Completed	Telephone # ( ) ( )			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>
	Type(s) of Asbestos-Containing Material Removed:				Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>
<b>Certified Asbestos Inspector Certification</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: (check appropriate box(es)):						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:						
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/17/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	CHECK THE APPROPRIATE BOX:  <input type="checkbox"/> Building Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other    Date _____ Signature: _____ Print Name: _____						
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:			Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380		
Form of Payment & #:		Permit #:	Record #	Date Issued:			

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





Colorado Department  
of Public Health  
and Environment

# DEMOLITION NOTIFICATION APPLICATION FORM

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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge I-13-H</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>2,070</b>		
	City:	State:	Zip Code:		Street: <b>US Highway 24 Mile Post 229.431</b>		
	Telephone # ( ) ( )	Fax # ( ) ( )			City: <b>Hartsel</b>	County: <b>Park</b>	Zip Code: <b>80449</b>
	Project Manager:	Cell Phone # ( ) ( )			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 demolished.				Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			† Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
General Abatement Contractor (GAC)				Street: <b>2829 West Howard Place</b>			
CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
Date Removal Completed	Telephone # ( ) ( )			Contact's Name: <b>Phil Kangas</b>			
Type(s) of Asbestos-Containing Material Removed:			Telephone # <b>(303) 325-6123</b>				
<b>Certified Asbestos Inspector</b>	With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b> :						
	<input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:						
	Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>			
	Date of Final Inspection <b>11/17/2020</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2021</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>		
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	<b>CHECK THE APPROPRIATE BOX:</b>						
	<input type="checkbox"/> Building Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other	Date			
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:		Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #	Date Issued:			

\* Regulated asbestos-containing materials means (a) friable asbestos-containing material, (b) Category I nonfriable ACM that has become friable, (c) Category I nonfriable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or (d) Category II 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 demolition or renovation operations regulated by this regulation. Note: Asbestos-containing sheet vinyl and linoleum must be properly abated/removed prior to demolition.





Colorado Department  
of Public Health  
and Environment

# DEMOLITION NOTIFICATION APPLICATION FORM

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  
Asbestos@state.co.us

<b>Demolition Contractor</b>	Company Name:			<b>Demolition Site</b>	Building Name: <b>Bridge P-19-G Minor</b>		
	Street:				Square footage of footprint of facility or portion of facility to be demolished <b>713</b>		
	City:	State:	Zip Code:		Street: <b>State Highway 239 Mile Post 1.74 over Canal</b>		
	Telephone # ( )	Fax # ( )			City: <b>Trinidad</b>	County: <b>Las Animas</b>	Zip Code: <b>81082</b>
	Project Manager:	Cell Phone # ( )			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 demolished.				Method/Mean of Demolition: <input type="checkbox"/> Wrecking <input type="checkbox"/> Burning <sup>†</sup> <input type="checkbox"/> Implosion <input type="checkbox"/> Moving <input type="checkbox"/> Other, specify:		
	Signature:	Print Name:			<sup>†</sup> Burning requires additional authorization – Please call (303) 692-3100 and ask to speak to the Open Burning Permit Coordinator		
Landfill Receiving Building Debris:			<b>Building Owner</b>	Owner's Name: <b>Colorado Department of Transportation</b>			
General Abatement Contractor (GAC)				Street: <b>2829 West Howard Place</b>			
CDPHE Asbestos Permit #	Total Quantity of Asbestos Removed			City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80204</b>	
Date Removal Completed	Telephone # ( )			Contact's Name: <b>Phil Kangas</b>		Telephone # <b>(303) 325-6123</b>	
Type(s) of Asbestos-Containing Material Removed:			<p>With my signature below, I certify that I possess current AHERA accreditation and state of Colorado certification as 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 asbestos by a NVLAP-accredited laboratory, and have determined that no Regulated ACM exists anywhere in the facility.* I also certify that I have informed the owner/operator of the facility or the demolition contractor that any asbestos-containing material allowed to stay in the facility must remain non-friable during demolition. Specify type(s) of ACM remaining, below: <b>(check appropriate box(es))</b>:</p> <p><input type="checkbox"/> Vinyl asbestos floor tile (VAT) <input type="checkbox"/> VAT mastic <input type="checkbox"/> Tar/asphalt impregnated roofing <input type="checkbox"/> Asphaltic pipe coatings  <input type="checkbox"/> Spray-applied tar coatings <input type="checkbox"/> Caulking <input type="checkbox"/> Glazing <input type="checkbox"/> Other, specify:</p>				
Signature: (In Blue Ink) 			Printed Name: <b>Tim Hagert</b>				
Date of Final Inspection <b>3/10/2021</b>	CO Cert # <b>13915</b>	Expiration Date <b>1/26/2022</b>	Telephone # <b>(720) 582-0694</b>	Cell Phone # <b>(720) 582-0694</b>			
<b>Building Owner or Contractor</b>	I verify that all refrigerants from air conditioning/refrigeration appliances have been properly recovered in accordance with AQCC Regulation No. 15 (for information on CFC requirements call 692-3100). I further verify that all luminous exit signs (containing radioactive material) have been disposed of in accordance with 6 CCR 1007-1 subpart 3.6.4.3 (for information on luminous exit sign requirements call 303-692-3320).						
	CHECK THE APPROPRIATE BOX:						
<input type="checkbox"/> Building Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other	Date				
Signature:			Print Name:				
<b>THIS BOX IS FOR CDPHE USE ONLY:</b>							
Postmark or Hand Delivery Date:		Approved By:		Code: <input type="checkbox"/> initial-310 <input type="checkbox"/> transfer-380			
Form of Payment & #:		Permit #:	Record #:	Date Issued:			

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## 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: 40ft. x 52ft. = 2080 square feet;  $2080/1000 = 2.08$  (round up to 3);  $3 \times \$5 = \$15$  (square footage fee)  $\$15 + \$50$  (base fee) = \$65 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 following 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 [asbestos@state.co.us](mailto:asbestos@state.co.us) 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.