



Aspetuck
Health District

Demolition Environmental Review Application

Application Fee: \$30.00
Fee is Non-Refundable

Date: _____

Project Address: _____

Town: _____

Owner's Name: _____

Phone#: _____

Address: _____

Applicant's Name/Company: _____

Email: _____

Phone#: _____

1. **Pre-Demolition Asbestos Inspection Report**

Documentation must include environmental consultant site assessment report and lab analysis.

2. **Licensed Asbestos Abatement Contractor Work Confirmation**

Documentation stating/proving contractor was hired to perform asbestos abatement.

Ex.: contract, letter of intent or invoice from asbestos abatement contractor

3. **Asbestos Post Abatement Visual Inspection/Clearance Letter from Environmental Consultant**

Environmental consultant documentation confirming all asbestos containing materials identified in the lab analysis were removed.

4. **EPA Waste Shipment Record with Waste Transporter's Signature**

If EPA waste shipment record isn't signed by waste transporter, a letter from the licensed abatement contractor needs to be included, stating where the asbestos containing materials are being stored until waste transporter retrieves them.

5. **A Completed Copy of Item 5A or 5B from State of Connecticut DPH Website**

5A. **Asbestos Abatement Notification Form (more than 10 Lin. Ft. or more than 25 Sq. Ft. of ABM)**

5B. **Demolition Notification Form (No ABM or less than 10 Lin. Ft. or 25 Sq. Ft. of ABM)**

NOTE: If the site assessment report indicates that asbestos removal is not needed, only submit items 1 and 5B.

AHD Letter of Approval issued on _____

Reviewed and approved by: _____

Date: _____

Name and Title