Commercial Building Permit Application Requirements

1. Copy of first page of State application for plan review.

2. Set of approved plans or submit for local plan approval.

3. State Plan Approval Letter or application for local plan review if the building meets one of the following requirements:

   a. A new building or structure containing less than 50,000 cubic feet of total volume.
   b. An addition to a building or structure where the area of the addition results in the entire building or structure containing less than 50,000 cubic feet of total volume.
   c. An addition containing no more than 2,500 square feet of total floor area and no more than one floor level, provided the largest roof span does not exceed 18 feet and the exterior wall height does not exceed 12 feet.
   d. An alteration of a space involving less than 100,000 cubic feet of total volume.

4. State Plumbing plan approval for projects involving any of the following:

   a. Except for direct replacement, all plumbing, new installations, additions and alterations, regardless of the number of plumbing fixtures involved, to be installed in hospitals, nursing homes and ambulatory surgery centers.
   b. Plumbing, new installations, additions and alterations involving 16 or more plumbing fixtures, to be installed in connection with buildings owned by a metropolitan or sanitary sewer district.
   c. Plumbing, new installations, additions and alterations involving 16 or more plumbing fixtures, to be installed in connection with buildings owned by the state.
   d. Alternate and experimental plumbing systems.
   e. For installation in health care and related facilities, reduced pressure principle backflow preventers and reduced pressure detector backflow preventers.
   f. For installation in health care and related facilities, pressure vacuum breaker assembly.
   g. For installation in health care and related facilities, back siphonage backflow vacuum breaker.
   h. Subsurface storm water or subsurface clearwater dispersal plumbing systems in connection with public buildings.
   i. Plumbing water treatment systems, other than POWTS, designed to treat water for compliance with Table 82.70–1.c

5. Completed lighting worksheet if applicable.

6. Meet all Wisconsin erosion control requirements.

7. If demolition is involved meet DNR Asbestos requirements.

Provide the following information for local plan approval

1. Two sets of plans. If building is over 25,000 cubic feet, plans must be stamped by a Wisconsin certified architect or engineer.

2. For remodels provide a completed IEBC Worksheet & Checklist

3. Documentation showing compliance with Wisconsin building insulation standards.

4. Documentation showing compliance with Wisconsin HVAC requirements.

5. Documentation showing compliance with Wisconsin structural requirements

6. Provide erosion control plan.

Work sheets are available at http://commerce.wi.gov/sb/SB-CommBldgPlanRevInfo.html

Mail or deliver application materials to municipal office or:

Clifford Manwiller
1644 60th Street
Turtle Lake, WI 54889-9131

IMPORTANT INFORMATION FOR ANYONE PLANNING A BUILDING OR EARTHWORK PROJECT IN POLK COUNTY

A PERMIT FROM THE BUILDING INSPECTOR DOES **NOT** MEAN YOU ARE FREE FROM OTHER PERMIT REQUIREMENTS!

Town Building Inspectors are asked to distribute this information sheet to anyone planning a building or earthwork project. Landowners need to be aware of many state and local agencies that require permits for specific types of construction, and the consequences they may face if found in violation of permit requirements, including double fees, fines, etc.

The following list contains some, but probably not all, possible permits that may be needed for various projects.

- If your construction plans include disturbing one acre, or more, of land anywhere in the county, then you need a Storm Water and Erosion Control Permit from the Polk County Land and Water Resources Dept. (715-485-8699) and the Wisconsin Dept. of Natural Resources (715-635-2101). You will also have to file a notice of intent at least 7 days prior to commencement of land disturbing construction activity.

- Disturbing one-half acre, or more, of land in the Shoreland Zone (1000' from any lake or 300' from any stream — see website for maps), requires a Storm Water and Erosion Control Permit from the Polk County Land and Water Resources Dept. (715-485-8699).

- If your plans include disturbing 10,000 sq. ft., or more, on the banks of a waterway, then you need a permit from the Wisconsin Dept. of Natural Resources (715-822-3590).

- If your plans include creating one-half acre or more of impervious surfaces (including roofs, paved or gravel driveways, parking lots, etc), then you will need a Storm Water and Erosion Control Permit from the Polk County Land and Water Resources Dept. (715-485-8699). If you create one acre, or more, of impervious surfaces then you will also need a permit from the Wisconsin Dept of Natural Resources (715-635-2101).

- If your plans include creating an additional 3000 square feet of impervious surface, in addition to an existing one half acre of impervious surface, then you will need a Storm Water and Erosion Control Permit from the Polk County Land and Water Resources Dept. (715-485-8699).

- If your plans include working in any wetland of any size, then you will need a permit from the Wisconsin Dept. of Natural Resources (715-822-3590) and possibly the U.S. Army Corps of Engineers (651-290-5357).

- If your plans include working near or below the high water mark of any body of water, then you will need a permit from the Wisconsin Dept. of Natural Resources (715-8223590).

- Any building or earthwork project within the Shoreland Zone may require various permits from Polk County Zoning Dept. (715-485-9279).

Wisconsin Department of Commerce

APPLICATION FOR REVIEW
BUILDINGS, HVAC, FIRE AND COMPONENTS – SBD-118

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

OFFICE USE:
Trans ID:_____
Assigned Reviewer:_____
Assigned Office:_____
Reviewer Start Date*:_____

For pre-scheduling of building HVAC, and fire plans, use the electronic *online request for commercial building plan appointments* found at www.commerce.state.wi.us/SB/SB-DivPlanReview.html#.This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a **revision** via FAX (see Box 13 for further information). Check our website at www.commerce.state.wi.us/SB/SB-DivForms.html for the most current version of this form. **We may re-distribute plans to another office if needed to reasonably balance turnaround times.** Your may monitor the status of your plan at our website: www.commerce.state.wi.us/SB/SB-DivPlanReviewStatus.html

Enter Previous Related Trans. ID if applicable: _____
(If no previous related transaction is provided, plan review will normally be based on the current code, except for revisions. If a previous related transaction is entered and the parent building approval transaction has not expired, you may elect below to use the code in effect at the time of that approval for follow-up revision, HVAC and fire protection submittals related to that building approval. Note that this submittal's approval would then expire no later than the parent building approval.)

☐ Please review under the code in effect at the time of the parent building approval.

FOR SCHEDULING REVISIONS BY FAX - Enter date plan will be in our office: _____
Indicate where we should send our confirmed appointment information to:
☐ email: ☐ Fax:

1.a. Type of Submittal or Service Requested (check all that apply)
( ) New
( ) Alteration – Level: ☐ 1 ☐ 2 ☐ 3
( ) Addition/Alteration–Level: ☐ 1 ☐ 2 ☐ 3
( ) Approval Extension
( ) Revision
( ) Revision Following Held Plans
( ) Follow Up of a Denial Within 8 Months
( ) Preliminary Consultation (contact reviewer before scheduling or submitting)
( ) Footing & Foundation Plans Only
( ) Structural Framework – Shell Only
( ) Permission to Start
( ) Multiple Identical Buildings (see box 5)
Number of Buildings _____

b. Objects Submitted for Review (check all that apply)
( ) Building
( ) Membrane Construction
( ) Canopy
( ) Elevated Pedestrian Access
( ) Historical Building–Attach certification
( ) Bleacher
( ) Stand Alone Bleacher (not part of building project)
( ) Rack Supported Storage Building
( ) Building & HVAC
( ) HVAC
( ) HVAC Alone (no related bldg submittal)
( ) Kitchen Exhaust Hood
( ) Fire Suppression (see box 7)
( ) Fire Detection/Alarm (see box 7)

c. Structural Component Plan(s) which accompany this submittal (check all that apply):
( ) Roof Truss ( ) Metal Bldg
( ) Floor Truss ( ) Fire Escape
( ) Steel Girder ( ) Precast Plank
( ) Laminated Wood ( ) Precast Wall

2. Occupancy Type

Major Use – Check Use with the Greatest Floor Area	Additional Non-Accessory Occupancies – Circle All that Apply)
( ) A Assembly	A1 A2 A3 A4 A5
( ) B Business/Office	B
( ) E Educational	E
( ) F Factory/Industrial	F1 F2
( ) H Hazardous	H1 H2 H3 H4 H5
( ) I Institutional/Daycare/CBRF	I1 I2 I3 I4
( ) M Mercantile/Retail	M
( ) R Residential	R1 R2 R3 R4
( ) S Storage	S1 S2
( ) U Utility/Misc	U

3. Construction Information
Construction Class – Circle One
IA IB IIA IIB IIIA IIIB IV VA VB

Area (project area, include all levels):_____ sq ft

Number of Floor Levels _____

Total Building Volume is less than 50,000 Cu. Ft. ___Yes ___No

Seismic Review Threshold (circle one)
1. B-F and greater than 1 story 2. A or 1 story
3. Non-Structural Alteration

4. Project Information – Fill in all known information Site Number If Known

Project/Site Name_____
Tenant name or building designation _____
Previous Tenant Name _____
Number & Street _____
County _____ City ( ) Village ( ) Town ( ) of _____

5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)

Building/Facility Name/Designation	Building/Facility Address

6. After plans are reviewed, please: (check all that apply) *Refers to customer number from below

☐ Call Customer 1, 2, 3, 4 (circle number)* ☐ Mail plans to customer 1, 2, 3, 4 (circle number)*

☐ Hold plans for pickup by designer designated agent

Designer Information (Customer 1)
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail
Check others if applicable First Time Submitter _____Yes ____No
( ) Designer of __Bldg __HVAC, __Fire Alarm ___Fire Suppression _____Owner
Designer A/E #_____
( ) Supervising Professional A/E #_____ of __Bldg___HVAC

Designer Information (Customer 2)
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail
Check others if applicable First Time Submitter ___Yes ___No
( ) Designer of __Bldg __HVAC, __Fire Alarm ___Fire Suppression _____Owner
Designer A/E #_____
( ) Supervising Professional A/E #_____ of __Bldg___HVAC

Property Owner (not leasee) Information (Customer 3)
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail

Other (Customer 4)
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail

IEBC Worksheet & Checklist

2/27/08

The International Existing Buildings Code (IEBC) and this worksheet is applicable to existing, occupied buildings that are undergoing replacements, alterations, being added onto or changes of use. It is not applicable to initial tenant space build-outs which are regulated by the prevailing IBC and related codes.

Project Type (see IEBC ch 4 for definitions and see applicable IEBC chapters shown in parentheses for further details)**:**

❑ Repair *(ch 5)*
❑ Alteration – Indicate level:
  ❑ Level 1*(ch 6)*
  ❑ Level 2 *(chs 7 & 6)* ❑ Level 3 *(chs 8, 7 & 6)*

Work area (of reconfigured space) per story _____

Total building floor area per story_____

❑ Change of Use/Occupancy *(ch 9)* Existing occupancy(ies) _____
❑ Addition *(ch 10*
❑ Historic Building *(ch 11)*
❑ Moved building *(ch 12)*

Year(s) building was constructed _____

Previous WI transaction approval #'s _____

The following is a partial checklist of relevant code information to be shown in your submittal:

- Pertinent documents such as code variances previously approved and condition of past plan approval that restrict this space or other spaces that affect or are affected by this space]
- Site plan information including property line locations
- Key plan showing project area in existing building
- Class of construction
- Number of stories and roof elevations
- Area calculation
- Existing/new construction clearly identified
- Occupancy/use (prior to and after alterations)
- All fire-resistive separations, corridors and shafts and their ratings
- Existing and proposed floor plans, etc.
- Sprinkler protected areas
- Manual and automatic fire detection systems
- Egress routes including those passing through adjacent spaces
- Accessible route
- Toilet rooms and number of toilet fixtures for each sex
- HVAC systems (see other checklists)

DNR Asbestos Program

What You Need to Know About Asbestos

A Regulatory Summary for Contractors and Building Owners

Bureau of Air Management February 2006

This document contains general requirements for inspection and handling of asbestos during the **demolition and renovation of buildings** in Wisconsin. This document should be used only as an interpretation guide and not as a substitute for the rule itself. The Wisconsin DNR is delegated authority to enforce the asbestos National Emission Standards for Hazardous Air Pollutants (NESHAP), which has been in place since 1973, by the U.S. Environmental Protection Agency. See Chapter NR 447 of the Wisconsin Administrative Code and Notification Form 4500-113 on the DNR Asbestos Program website; h*ttp://www.dnr.state.wi.us/org/aw/air/reg/asbestos/*
For additional information on hazards present in buildings see the Pre-Demolition Environmental Checklist at; *http://www.dnr.state.wi.us/org/aw/wm/publications/demolition/predemo.pdf*

General Requirements: *Note: All underlined terms are defined on the back of this document.*

INSPECT

- All affected parts of a facility being *renovated* or *demolished* must be inspected for the presence of asbestos-containing materials (ACM) prior to beginning the renovation or demolition project.

- The inspector must be asbestos-inspector certified through the Wisconsin Department of Health and Family Services (DHFS). For more information on the Certification Program see: *http://dhfs.wisconsin.gov/dph_boh/Asbestos/Cert/Index.htm*

NOTIFY THE STATE

- A "Notification of Demolition and/or Renovation" form (Form 4500-113) must be submitted in accordance with the following:

  - In a facility being *demolished*, a "Notification of Demolition and/or Renovation" form must be submitted to the Department ten working days prior to beginning any demolition activity. A Notification is required regardless of whether or not asbestos is present.

  - In a facility being *renovated*, where more than 160 square feet of regulated asbestos-containing material (RACM) or more than 260 linear feet of RACM will be disturbed, a Notification must be submitted to the Department ten (10) working days prior to beginning the renovation.

  - A Notification must also be submitted to DHFS for all projects involving the removal of ACM, regardless of category and quantity.

  The Notification of Demolition and/or Renovation" form (Form 4500-113) can be found at: *http://www.dnr.state.wi.us/org/aw/air/reg/asbestos/asbes8a.htm*

REMOVAL

- All RACM that would be disturbed as part of a *renovation* or *demolition* must be properly removed before beginning the project. RACM includes all friable ACM and nonfriable ACM that will be crumbled, pulverized or reduced to powder during the project.

- The individuals removing ACM must be certified through the Wisconsin DHFS.

DISPOSAL

- All asbestos-containing waste material must be properly disposed of in leak-tight containers at a landfill approved to accept asbestos.

- All asbestos-containing waste containers must be labeled with the name of the waste generator and location at which the waste was generated, in addition to OSHA labeling standards.

Several definitions from the National Emission Standards for Hazardous Air Pollutants (NESHAP) are provided to assist in determining applicability of the regulation.

Definitions:

Facility: Means any institutional, commercial, public, industrial, or residential structure, installation, or building, including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, *but excluding a single, isolated residential building having four or fewer dwelling units.* (All structures demolished by fire training are regulated.)

Demolition: Means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

Renovation: Means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component.

Category I Nonfriable Asbestos-Containing Material: Means asbestos containing packings, gaskets, resilient floor covering and asphalt roofing products containing more than 1% asbestos...

Category II Nonfriable Asbestos-Containing Material: Means any material, excluding Category I nonfriable material, containing more than 1% asbestos ... that when dry cannot be crumbled, pulverized, or reduced to powder by hand pressure or by mechanical forces expected to act on the material.

Friable Asbestos Material: Means any material containing more than 1% asbestos... that, when dry, can be crumbled, pulverized, or reduced to powder by hand pressure.

Regulated Asbestos-Containing Material: Means (a) friable asbestos material, (b) Category I nonfriable asbestos-containing material that has become friable, or has been subjected to sanding, grinding, cutting or abrading, (c) Category II nonfriable asbestos-containing material 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…

The above identified requirements are contained in Chapter NR 447 of the Wisconsin Administrative Code. Failure to comply with these requirements may result in enforcement action up to and including fines and penalties.

For questions, please contact the DNR's Asbestos Coordinator at (608) 266-3658.

DISCLAIMER —This document is intended solely as guidance and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. This guidance does not establish or affect legal rights or obligations and is not finally determinative of any of the issues addressed. This guidance does not create any rights enforceable by any party in litigation with the State of Wisconsin or the Department of Natural Resources. Any regulatory decisions made by the Department of Natural Resources in any matter addressed by this guidance will be made by applying the governing statutes and administrative rules to the relevant facts.

Wisconsin Department of Natural Resources
Bureau of Air Management
P.O. Box 7921—AM/7
Madison, WI 53707

The Wisconsin Department of Natural Resources provides equal opportunity in employment, programs, services and functions under an Affirmative Action Plan. If you have any questions, please write to Equal Opportunity Office, Department of Interior, Washington, D.C. 20240.

This publication is available in alternative format (large print, Braille, audio tape, etc.) upon request. Please call 608-266-7718, for more information.

State of Wisconsin
Department of Natural Resources

Notification of Demolition and/or Renovation and Application for Permit Exemption

Form 4500-113 Rev 06-05

Notice: Completion of this information is mandatory under ch. NR 406.04, 410.05 and 447.07, Wis. Adm. Code. Penalties for failure to provide complete information requested include forfeitures of $10 to $25,000, fines of up to $25,000 and imprisonment for up to six months. This form may be used to meet the notification requirements for the Department of Health and Family Services, Wis. Adm. Code 159. Personally identifiable information provided may be matched with other private, state, and federal agencies and may be made available to requestors under Wisconsin's Open Records Law.
Submit Form: Return completed form to the appropriate office(s) listed on page 2. The DNR does not accept FAXed copies of original or revised notifications.

SHADED AREAS ON THIS FORM ARE FOR DNR USE ONLY.

1. Contractor Project #:	2. Postmark:	3. Date Received:	4. DNR File #:

5. Type of Notification:
[ ] Original [ ] Revised [ ] Cancellation
[ ] Emergency: Date/Hr Notified: _____ /_____ /_____ _____:_____
[ ] Other (Explain): _____

6. Type of Project:
[ ] Renovation/Abatement [ ] Emergency Renovation/Abatement
[ ] Planned Renovation/Abatement (Annual)
[ ] Demolition [ ] Ordered Demolition [ ] Fire Training Burn
Asbestos Present? (Circle one): Yes No

7. Date (MM/DD/YY) of DNR Required Pre-Project Asbestos Inspection:
Start: _____ End: _____

8. Inspector Certification Information:
Name: _____ WI Inspector #: _____

9. Dates (MM/DD/YY) of Asbestos Abatement:
Start: _____ End: _____
Work Shift(s): 1 2 3 Weekend: _____

10. Dates (MM/DD/YY) of Renovation/Demolition:
Start: _____ End: _____
Work Shift(s): 1 2 3 Weekend: _____

11. Abatement Contractor:
Name: _____
Address: _____
_____
City, St, Zip: _____
Contact Person: _____ Telephone #: _____

12. Demolition Contractor:
Name: _____
Address: _____
_____
City, St, Zip: _____
Contact Person: _____ Telephone #: _____

13. Facility Information:
Name: _____
Address: _____
_____
City, St, Zip: _____
Contact Person: _____ Telephone #: _____
Prior Use: _____
Present Use: _____
Age (Yrs): _____; Size (Sq.Ft.): _____
Number of Floors: _____; Number of Apartment Units: _____
County: _____ DNR Region: _____
Number of structures to be demolished: _____

14. Facility Owner:
Name: _____
Address: _____
_____
City, St, Zip: _____
Contact Person: _____ Telephone #: _____

15. Waste Disposal Site/Transporter:
Name: _____
Address: _____
City, St, Zip: _____
Contact Person: _____ Telephone #: _____
DNR License Number: _____

16. Amount of Asbestos, including: A. Regulated Friable Asbestos/RACM to be removed. B. Category I & II ACM TO BE removed. C. Category I & II ACM NOT removed.	A. Friable Asbestos/RACM TO BE removed	B. Nonfriable Asbestos Material TO BE removed		C. Nonfriable Asbestos Material NOT removed before demolition	
		CAT I	CAT II	CAT I	CAT II
Pipes (Linear Feet)					
Surface Area (Square Feet)					
Volume Friable ACM off facility component (Cubic Feet)					

17. Asbestos Abatement/Demolition Fees - ***Check or money order must be submitted with notification to DNR Asbestos Coordinator***

Project Type	Quantities to be Abated * Refer to Box 6 and Box 16 to determine fee submittal amount * Make checks payable to WI Dept. of Natural Resources	Check Amount Due	Amount Rec'd By DNR
Demolition	Less than 160 square and 260 linear feet of friable or any amount of nonfriable ACM	[ ] $75	
Reno/Demo	At least 160 sq. or 260 ln. ft. **friable asbestos/RACM** but less than 1000 combined feet	[ ] $225	
Reno/Demo	Combined square & linear feet **friable asbestos/RACM** quantities of at least 1000 feet but less than 5000 feet	[ ] $400	
Reno/Demo	Combined square & linear feet **friable asbestos/RACM** quantities of at least 5000 feet	[ ] $750	

18. Indicate the inspection procedure, including analytical methods, used to detect the presence or absence of the ACM

19. Description of the asbestos material involved and its location in the facility to be demolished/renovated:

20. Description of renovation/abatement and/or demolition work, including specific abatement/demolition method(s) to be used:

21. Description of abatement work practices/engineering controls and waste handling procedures, specific to this site, used in preventing ACM emissions:

22. Description of procedures to be followed if asbestos not previously identified is found or previously nonfriable asbestos becomes crumbled, pulverized or reduced to a powder:

23. If an emergency abatement, complete the following information (attach additional sheets if necessary):

Date and Hour of Emergency: Date (MM/DD/YY): _____ /_____ /_____ Time (12Hr Clock): _____ : _____ a.m. p.m.

Description of sudden, unexpected event: _____

_____

_____

Explanation of how event caused unsafe condition, potential equipment damage or an unreasonable financial burden: _____

_____

24. If an ordered demolition, identify the government agency issuing the order: (Attach a copy of the order.)

Name: _____ Title: _____

Authority: _____

Date of Order (MM/DD/YY): _____ /_____ /_____ Date Order to begin (MM/DD/YY): _____ /_____ /_____

25. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition/renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Signature: _____ Title: _____ Date (MM/DD/YY): _____ /_____ /_____

26. I certify that the above submitted information is correct to the best of my knowledge:

Signature: _____ Title: _____ Date (MM/DD/YY): _____ /_____ /_____

27. Indicate which of the following agencies/offices were sent a copy of the demolition/renovation notification. DNR has been delegated notification authority - USEPA no longer requires a copy of the notification. Note: Dry asbestos removal requests must be pre-approved by DNR, prior to required notification.

_____ Department of Natural Resources Asbestos Coordinator, AM/7 Bureau of Air Management P.O. Box 7921 Madison, WI 53707-7921	_____ Department of Health & Family Services Division of Public Health Asbestos/Lead (Pb) Section P.O. Box 2659 Madison, WI 53701-2659

Copy Southeast Region if work will be conducted within Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, or Waukesha Counties. Send copy to:

_____ Department of Natural Resources
Regional Asbestos Specialist
2300 N. Dr. Martin Luther King, Jr. Drive
Milwaukee, WI 53212

INSTRUCTIONS FOR COMPLETING

State of Wisconsin Dept. of Natural Resources	NOTIFICATION OF DEMOLITION AND/OR RENOVATION Chapter NR 447, Wis. Adm. Code	Form 4500-113 Instructions revised 01-04

More information on the Wis. DNR Asbestos Program is on our website: **dnr.wi.gov/org/aw/air/reg/asbestos/**

1. **Contractor Project #:** This is a non-repeating number assigned by the contractor; it should uniquely identify each separate demolition/renovation activity. Contractors are encouraged to use this feature as it improves recordkeeping and increases the likelihood that revised notices are properly linked to the original notice.

2. **Postmark:** Used as day 1 for the required prior 10-working-day notice. Owner/operator must notice the Department of Natural Resources (DNR) 10 working days before the start day of any activity at the project site. In most cases, 10 working days works out to 14 calendar days. However, notifications postmarked on a Monday meet the 10-working-day rule if the work begins on the second Saturday following posting. 3. Date **Received:** and 4. **Department File #:** State agency use only.

5. **Type of Notification:** Mark the appropriate box. The DNR requires NESHAP (National Emissions Standards for Hazardous Air Pollutants) notification. If using this form to meet the notification requirements of the Wis. Department of Health and Family Services (DHFS), be aware that agency requires notification of any asbestos abatement activity (any activity that disturbs ACM, which is *asbestos containing material*, including but not limited to the repair, enclosure, encapsulation or removal of ACM). Most notices will be original, 10-working-day types. If a revision or cancellation, reference the original notice. Emergency notices must include the date and time of the emergency.

6. **Type of Project:** Mark the appropriate box. Renovations do not involve removal of structural members of the building. If the activity removes any structural components, it is a demolition; a fire training burn is a subject demolition. Regulated renovations and demolitions require a 10-working-day notice before work begins. Emergency renovation is valid only for sudden and unexpected events, and is not appropriate for situations resulting from poor/incomplete planning. If a valid emergency renovation is being reported, also complete #23 on the back of this form. A planned renovation is an annual notice for small individually nonscheduled projects. If an ordered demolition, also complete #24 on the back of this form and attach a copy of the order. Emergency renovations and ordered demolitions require notification as early as possible but no later than the following working day. If there is asbestos present or not, circle the appropriate answer. If YES, complete #18 on the back of this form.

7. **Dates of DNR Required Preinspection:** Provide dates, which are prior to renovation/demolition, that facility was inspected by a Wis. DHFS-certified asbestos inspector.

8. **Inspector Information:** Provide Wis. DHFS-certified asbestos inspector's name and certification number.

9. **Dates of Asbestos Abatement**: These should be both inclusive and accurate dates within which actual asbestos abatement activities are taking place. The removal activities must start on the date specified unless a revised notice is filed. If a revision is filed, and the new start date is earlier than the original date, the revised notice must be received 10 working days before the removal begins. If a revision is filed, and the new start date is later than the original date, the revision must be made both by telephone and in writing, before the original start date.

10. **Dates of Renovation/Demolition**: These should be both inclusive and accurate dates within which actual demolition and/or renovation activities are taking place. The renovation/demolition activities must start on the date specified unless a revision is filed. If a revision is filed, and the new start date is earlier than the original date, the revised notice must be received 10 working days before the renovation/demolition begins. If a revision is filed, and the new start date is later than the original date, the revision must be made both by telephone and in writing, before the original start date.

11. **Abatement Contractor:** Provide all information requested, making sure it is both complete and accurate, including contact person and telephone number.

12. **Demolition Contractor:** Provide all information requested, making sure it is both complete and accurate, including contact person and telephone number. For a fire department training burn, the fire department is the demolition contractor.

13. **Facility Information:** Provide all information requested, making sure it is both complete and accurate, including contact person and telephone number. It is particularly important that the address is a physical location, including building # if a large industrial/commercial complex, and not a PO Box number.

14. **Facility Owner Information:** Provide all information requested, making sure it is both complete and accurate, including contact person and telephone number.

15. **Waste Disposal Site:** Provide all information requested, making sure it is both complete and accurate, including contact person and telephone number. Be sure to include the DNR site license number.

16. **Amount of Asbestos, including:** (Note: Cubic measurements should only be used if square or linear measurements cannot be made.)
    A. Regulated ACM (RACM) to be removed: This represents all friable asbestos to be taken out of the facility, including pipe insulation, surfacing materials, and other facility components. Note and report in the appropriate units of measurement for each form of asbestos material. Includes CAT I & II if they will become friable as a result of abatement, renovation, or demolition activities.
    B. Category I & II ACM to be removed: This represents all non-friable asbestos to be taken out of the facility. The ACM must remain non-friable during removal. Note and report in the appropriate units of measurement for each form of asbestos material.
    C. Category I & II ACM NOT removed: This represents all non-friable asbestos to be left in the facility during demolition. Note and report in the appropriate units of measurement for each form of asbestos material.

17. **Asbestos Abatement and/or Demolition Fee Schedule:** Determine applicable fee, and check box of amount submitted. Fees must accompany notification submitted to DNR Asbestos Coordinator in Madison, Wis. (See Box 27 for the address.)

18. **Description of asbestos detection procedure(s):** Describe the sampling and analytical procedures used to verify that asbestos is present or absent from the portion of the facility where demolition/renovation is to take place. The word “assumed” can be used to indicate presence without sampling.

19. **Description of asbestos containing material(s):** Indicate such things as TSI (thermal systems insulation) wall plaster, transite, floor tile, and physical location, e.g., east kitchen wall, building/room number, etc., and any other information which specifically identifies the ACM and location.

20. **Description of demolition/renovation:** Include methods, techniques, and facility components affected, e.g., "Renovation of a warehouse for conversion into office space by removal of old interior non-load bearing walls, removal of all floor tile, and plaster ceilings. Boiler and related piping also to be stripped, removed and replaced."

21. **Description of abatement work practices/engineering controls and waste handling procedures:** These are accepted industry standards, including asbestos emission control procedures, e.g., "Use of negative air enclosure during wet removal of a boiler jacket containing RACM, stripping the materials using knives and scrapers, and maintain adequate wetting during gross cleanup and sealing of the RACM in leak-tight containers."

22. **Description of procedures for surprise discovery of ACM or if nonfriable asbestos becomes friable:** Give details of standard actions you will take should previously unknown RACM suddenly be discovered, or previously non-friable ACM becomes friable, e.g., "Renotify and handle RACM as designated in Boxes #20 & #21."

23. **Description of emergency renovation:** For emergency renovations only. Include date and time, and a detailed description of the sudden unexpected event causing the emergency, including how the event caused a safety or health risk or unreasonable financial burden. Claimed emergencies will be subject to investigation and fraudulent claims may be subject to enforcement actions. Some examples:

    Valid Emergency Renovation - A boiler pipe breaks in a hospital causing extensive damage to surrounding pipes, cutting off heat and hot water to portions of the hospital. The plumbing crew needs RACM removed from piping before repairs can be made.

    Non-Emergency Renovations - Previously unscheduled school renovations hastily arranged to coincide with vacation breaks. A renovation depending on a bid acceptance or bank financing.

24. **Description of ordered demolition:** For ordered demolitions only. Provided all information and also include a copy of the actual order. The building must be structurally unsound and in danger of imminent collapse.

25. **Competent Person certification:** Complete this certification that at least one on-site person who is trained in the asbestos NESHAP provisions will supervise any asbestos removal or stripping operations. This requires that the competent person be currently and validly certified in Wisconsin as an asbestos supervisor.

26. **Information validation certification:** Complete this certification that the information provided in this notification is complete and accurate.

27. **Agency notification distribution:** Indicate agencies/offices mailed their mandatory copy or copies. Use mailing addresses shown. Procedure for mailing notifications differs between Southeast Region and all other regions: For facilities in Southeast Region, please mail two copies of the notification to the DNR (one copy to the regional headquarters and one to central office with payment). For facilities in all other DNR regions (South Central, Northeast, West Central, and Northern), please mail the DNR only a single notification -- mail it to the central office with payment. Do not send *any* notices to the regional office *unless* the facility lies within Southeast Region. DNR has been delegated notification authority - U.S. EPA does not require a copy. And don't forget to notice Wis. DHFS for all projects where ACM is removed/disturbed!