



Olympic Region Clean Air Agency
2940-B Limited Lane NW
Olympia, WA 98502
(360) 539-7610 • FAX (360) 491-6308
Port Angeles Office (360) 417-1466
Raymond Office (360) 942-2137
www.ORCAA.org

Owner Occupied Residential Asbestos Removal Permit

Asbestos projects within Clallam, Grays Harbor, Jefferson, Mason, Pacific, and Thurston counties **REQUIRE A PERMIT** and require that the following conditions be met prior to the demolition, renovation, or remodeling.

Olympic Region Clean Air Agency (ORCAA) regulations define an asbestos project as the construction, demolition, repair, remodeling, maintenance, or renovation of any public or private building(s), vessel, structure(s), or component(s) involving the demolition, removal, salvage, disposal, or disturbance of any asbestos containing material.

The following is merely a reference guide and not a substitute for agency regulations.

1. A good faith asbestos survey must be conducted by a certified Asbestos Hazardous Emergency Response Act (AHERA) building inspector. Qualified contractors and inspectors may be found in your local Yellow Pages, through the Washington State Department of Labor and Industries, or on ORCAA's website.
2. Asbestos samples must be sent to a NVLAP Laboratory (National Voluntary Laboratory Accreditation Program) per 40 CFR 763.87. A list of labs can be found on ORCAA's website.
3. If lab results show that samples contain 2 percent or less of asbestos, the samples can assumed as ACM, or must be point-counted (per the US EPA Asbestos Building Inspector Manual p. 111, 163).
4. It is the responsibility of the building owner to ensure all ACM identified (or suspected) in the survey and proposed to be removed, has been removed and properly disposed of in accordance with ORCAA's Regulations.
5. Any and all structures on the same parcel of property that are not proposed to be abated must be identified.
6. A copy of the asbestos survey and approved Asbestos Permit, as well as any subsequent amendments, must be kept on site and be available for review by Agency inspection personnel.
7. For demolition projects, take before and after pictures of the area where the asbestos was removed and submit them to ORCAA. Also include a copy of the asbestos disposal receipts.
8. Use the Completion Notification and Amendment Form to make changes to the original permit.
9. The original asbestos permit will expire on the Completion Date. To change the completion date, a Completion Notification and Amendment form must be received PRIOR to expiration. If the permit expires and the project is not complete, you must submit and pay for another asbestos or demolition permit. Under no circumstances will a project be extended beyond 1 year from original start date.
10. Upon completion of project, fill out and submit Completion Notification and Amendment form, documenting actual date of completion.

ADDITIONAL REQUIREMENTS:

"Owner Occupied Residential Dwelling" means any single family housing unit which is permanently or seasonally occupied by the owner of the unit both prior to and after the proposed project. This term includes houses, mobile homes, trailers, houseboats, and houses with a 'mother-in-law apartment' or 'guest room.' This term does not include structures that are demolished or renovated as part of a commercial or public project; nor does this term include any mixed-use building, structure, or installation that contains a residential unit, or any building that is leased or used as a rental, or for commercial purposes.



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*****This permit valid only for residential homeowner residing in the dwelling.***
 Non-refundable permit fee: \$30.00.**

APPLICANT

Name:	Phone: ()	Email:	
	FAX: ()	Mobile: ()	
Mailing Address:	City:	State:	Zip:
Site Address:	City:	State:	Zip:

PROJECT INFORMATION

Start Date:	Completion Date:	Work Shift Days: _M _T _W _Th _F _Sa _Su	Work Shift Hours:
# of Structures to be Abated:	Total Quantity to be Removed	Square Feet:	Linear Feet:
Check Material being removed: ___ Duct Insulation ___ Pipe Insulation ___ Fireproofing ___ Paints ___ Plaster ___ Cement Board ___ Cement Pipe ___ Flooring ___ Roofing ___ Textured Coating ___ Other _____			
Name and location of Disposal Site:			
Will all identified asbestos be removed from the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will this structure be demolished after asbestos removal? <input type="checkbox"/> Yes* <input type="checkbox"/> No			
*Required for demolitions: <input type="checkbox"/> Before and after pictures of asbestos removal area <input type="checkbox"/> Asbestos disposal receipts			

I do hereby certify that the information contained on this form and supplemental data described herein is, to the best of my knowledge, accurate and complete.

Applicant Name _____

Signature _____

Date _____

Date Application Received	Payment Info.	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Review date: ___/___/___ Reviewed by: _____	Asbestos Permit:
	<input type="checkbox"/> Cash <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Credit Card Receive date: ___/___/___ <i>Agency Use Only</i>		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Review date: ___/___/___ Reviewed by: _____ <i>Agency Use Only</i>