



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](http://www.ORCAA.org)

# Completion Notification and Amendment Form

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Use this form to notify Olympic Region Clean Air Agency of completion of the asbestos or demolition project. The completion notification is not considered an amendment and does not require a fee.

Use this form to make changes to the original asbestos or demolition permit.

You may submit 2 amendment forms at no cost. Each additional amendment form is \$25. Amendments must be filed by the original applicant. The amendment form applies to changes to the following information:

1. Contractor contact information.
2. Project Start or Completion Dates.

The original asbestos or demolition permit will expire on the Completion Date. To change the completion date, this 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.

3. If the project goes “on hold” or “off hold.”

Note: “on hold” and “off hold” notices together are considered one amendment. If project will be on hold past the Completion date, the new completion date must be updated.

4. Work shift days or hours.
5. Additional amount of asbestos identified and abated. If the job category changes, the appropriate non-refundable fee must also be included.
6. Only original applicant may amend the original permit.



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- Completion Notification - Actual Completion Date \_\_\_\_\_
- 1<sup>st</sup> Amendment (no fee)
- 2<sup>nd</sup> Amendment (no fee)
- Amendment \_\_\_\_ (\$25.00 non-refundable fee for all additional amendments)

ASBESTOS PERMIT # ASB00 DEMOLITION PERMIT # DEM00

**PROJECT INFORMATION**

New Start Date:	On Hold date:	Off Hold date (also need new completion date):	New Completion date:
Additional Square Feet:	Additional Linear Feet:	New Work Shift Days: M__ T__ W__ Th__ F__ Sa__ Su__	New Work Shift Hours:
New Disposal Site:			

Please provide the following information:  
**PROPERTY OWNER**

Name:	Phone:	Email:	
	Fax:	Mobile:	
Site Address:	City:	State:	Zip:

**CONTRACTOR**  Check if same as property owner information.

Business Name:	Phone:	Email:
	Fax:	
Onsite Contact:	Phone:	Mobile:
	Fax:	

Additional Comments: \_\_\_\_\_

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

Print Name	Signature	Date	
Date Application Received	Payment Info. <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>	Asbestos Permit Permit # <u>ASB00</u> Demolition Permit Permit # <u>DEM00</u> <i>Agency Use Only</i>