



Jurisdiction: _____

Air District Questionnaire

A building permit cannot be issued unless this questionnaire is completed and submitted to the YSAQMD for approval.

This questionnaire is used to determine if a project requires an asbestos survey and/or Asbestos Demolition/Renovation notification.

Date _____ Permit # _____ Project Name: _____
 Address: _____ City: _____

Contractor Info:

Company: _____
 Contact Name: _____
 Email: _____
 Telephone Number: _____

Owner Info:

Company: _____
 Contact Name: _____
 Email: _____
 Telephone Number: _____

1. Describe the work scope (include drawings, demo plan & room numbers/names):

2. Project involves one non-commercial residential building? Yes No

3. Project is new construction only (no demolition or alteration of existing materials)? Yes No

4. Identify existing materials being disturbed or removed: None (new construction only)

| | | |
|---|--|--|
| <input type="checkbox"/> Flooring _____ SF | <input type="checkbox"/> Ceiling _____ SF | <input type="checkbox"/> Roofing _____ SF/Squares |
| <input type="checkbox"/> Concrete _____ SF | <input type="checkbox"/> Insulation _____ SF | <input type="checkbox"/> Sheet Rock _____ SF |
| <input type="checkbox"/> Plaster walls _____ SF | <input type="checkbox"/> Exterior walls _____ SF | <input type="checkbox"/> Pipe Insulation _____ Linear Ft |
| <input type="checkbox"/> Other (Describe): _____ SF _____ | | |

5. Are any load bearing walls or structural members being removed or demolished? Yes No

If "Yes": Complete Bldg. demo Repair/replace Single structure
 Partial Bldg. demo Moving structure Several structures # _____

Total SF of demolition area: _____ SF

Printed name: _____ Signature: _____ Date: _____

(Your signature indicates that all information submitted is true, accurate and complete to the best of your knowledge)

Survey required? Submit questionnaire directly to buildingdivision@ci.dixon.ca.us and to the District at notify@ysaqmd.org. Staff will review and notify you if survey report is needed. You may be contacted for additional information. Surveys must be performed by a certified Asbestos Consultant, CAC or Site Surveillance Tech, CSST (see survey advisory at <http://www.ysaqmd.org/permits-advisories.php>).

I wish to submit my questionnaire, survey report & fee. Deliver/mail hardcopy with check payable to YSAQMD to 1947 Galileo Ct., Ste. 103, Davis CA 95618. Send electronic submittals with proof of payment to payments@ysaqmd.org or fax to (530) 757-3670; make credit card payments at www.ysaqmd.org/permits/make-a-payment/ (service fees apply). To determine the applicable fee, see the fee schedule at <http://www.ysaqmd.org/asbestos/commercial.php> or consult the District. Regulated projects involving "friable" asbestos materials require a Notification form and waiting period (10 work days).

For more info, see www.ysaqmd.org/asbestos or call the District at (530) 757-3650.

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|---|--|
| <p><u>DISTRICT USE ONLY:</u></p> <p>Fee Amt: _____</p> <p>Payment Amt: _____ (check ___ credit ___)</p> <p>Database Entry done: _____</p> <p>Date Rec: _____ Processed by: _____</p> | <p>Questionnaire Rec: _____</p> <p>Release Approved/Date: _____</p> <p>Notes: _____</p> <p>_____</p> |
|---|--|