



Great Basin Unified Air Pollution Control District

Section A-2	ATC/PTO Application	Secondary Source
1. Person Completing Form:	Date:	APCD Application No.
Reason for Application (Check one)		
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing Facility <input type="checkbox"/> Modification of existing facility involving demolition or renovation *		

\* An asbestos survey and District notification are required for any demolition of at least 160 square feet of wall, floor, ceiling or roof coverings, 260 linear feet of pipe insulation or 35 cubic feet total volume of material. Fill out the Notification of Demolition and Renovation form if this applies to your project. (Instructions and asbestos information at <http://www.gbuapcd.org/asbestos/index.htm> )

**2. Facility Maps Required** (Enclose a vicinity map and a plot plan showing the planned construction)

3. Commercial Facility Planned for New Construction			
Type of Facility	Floor Space (square feet)	Type of Facility	Floor Space (square feet)
Restaurant/Food Service		Public Facility	
Retail Store		Industrial	
Office Building		Other: _____	
Hospital			

4. Housing Facility Planned for New Construction			
Type of Housing	Floor Space (square feet)	Number of Housing Units	Subject to Transient Occupancy Tax (Yes/No)
Hotel/Motel			
Apartment			
Condominium			
Housing Tract			
Mobile home/Trailer Park			

5. Heating Appliances: Woodstoves, Fireplaces, and Gas Heaters Planned for New Construction **			
Type of Heating Appliance	Number of Units	Type of Heating Appliance	Number of Units
EPA Certified Fireplace Insert		Permanent Gas Log Fireplace	
EPA Certified Woodstove		Gas or Oil-fired Heater	
Pellet Heater		Other: _____	

\*\* Open wood burning fireplaces and other wood burning appliances not certified by the US Environmental Protection Agency are prohibited from being installed in Alpine, Mono and Inyo Counties after January 1, 2007.



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6. Parking Spaces Planned for New Construction

Parking Spaces for:	Number of Parking Spaces
Residential Housing Units ***	
Commercial Facility	
Park & Ride Service ***	

\*\*\* Parking spaces for residential housing units and Park & Ride service are exempt from permit fees.

7. Facility(s) to be Served by Parking Lot. Give a brief description of any existing or planned facilities if the parking lot will be used by facilities not included in this secondary source permit application.

8. Environmental Impact Study. For compliance with the National Environmental Protection Act (NEPA) or California Environmental Quality Act (CEQA), check and list any that apply to the project.

City or County General Plan: \_\_\_\_\_

Project CEQA/NEPA Document: \_\_\_\_\_

9. Comments:

# NOTIFICATION OF DEMOLITION AND RENOVATION



Great Basin Unified A.P.C.D.  
157 Short Street, Bishop, CA 93514  
TEL: (760) 872-8211 \* FAX (760) 872-6109  
[www.gbuapcd.org](http://www.gbuapcd.org)

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #		
I. TYPE OF NOTIFICATION (O-ORIGINAL R-REVISED C-CANCELED):			WPR NOTICE?		
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)					
OWNER NAME:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:			TEL:		
REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:			TEL:		
OTHER OPERATOR:					
ADDRESS:					
CITY:		STATE:	ZIP:		
CONTACT:			TEL:		
III. TYPE OF OPERATION (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMERGENCY RENOVATION):					
IV. IS ASBESTOS PRESENT? (YES/NO)					
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)					
BUILDING NAME:					
ADDRESS:					
CITY:		STATE:	COUNTY:		
SITE LOCATION:					
BUILDING SIZE:		NUMBER OF FLOORS:	AGE IN YEARS:		
PRESENT USE:			PRIOR USE:		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:		RACM TO BE REMOVED	NON FRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW
1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED			CAT I	CAT II	UNIT
PIPES:				LN.FT.	LN. M.
SURFACE AREA				SQ.FT.	SQ. M.
VOL. RACM OFF FACILITY COMPONENT				CU.FT.	CU. M.
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		START:		COMPLETE:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		START:		COMPLETE:	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:					

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
NAME:		
ADDRESS:		
CITY	STATE:	ZIP:
CONTACT PERSON:		TELEPHONE:
WASTE TRANSPORT #2		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON:		TELEPHONE:
XIII. WASTE DISPOSAL SITE		
NAME:		
LOCATION:		
CITY:	STATE:	ZIP:
TELEPHONE:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW		
NAME:	TITLE:	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY):	DATE ORDERED TO BEGIN (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS		
DATE AND HOUR OF EMERGENCY (MM/DD/YY):		
DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:		
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).		
_____ (SIGNATURE OF OWNER/OPERATOR)		_____ (DATE)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____ (SIGNATURE OF OWNER/OPERATOR)		_____ (DATE)