



CERTIFICATION OF COMPLIANCE WITH ASBESTOS REGULATIONS

CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

This form is required pursuant to The Code of Virginia (Section 36-99.7) and The Virginia Construction Code, 2003 Edition, Section 110.3, prior to issuance of permits for renovation or demolition of any structure where the initial building permit was issued prior to 1985.

Date of Application: _____ Permit Number: _____

Address of property: _____

Describe work to be performed. If only a portion of the structure is to be renovated or demolished, a sketch or set of construction drawings are to be attached to this application.

Please check the appropriate box:

- The affected portions of the building have been inspected for the presence of asbestos by an individual licensed to perform such inspections pursuant to §54.1-503 of the Code of Virginia and:
 - No asbestos containing materials were found.

OR

 - The appropriate response actions will be undertaken in accordance with the requirements of The Clean Air Act National Emission Standard for the Hazardous Air Pollutant (NESHAPS; 40 CFR Part 61, Subpart M), and the asbestos worker protection requirements established by the U.S. Occupational Safety and Health Administration for construction workers (29 CFR 1926.1101).
- Prior to reoccupancy of the affected area, the appropriate response actions will be completed and final clearances will be measured by either Phase Contrast Microscopy (PCM) or Transmission Electron Microscopy (TEM) analysis method.
 - This property is exempt from the requirements of the applicable codes or regulations because the property is a single family dwelling or residential housing with four or fewer units and is not being renovated or demolished for commercial or public development purposes.
 - The combined amount of regulated asbestos material involved in the renovation or demolition is less than 260 linear feet on pipes or less than 160 square feet on other facility components or less than 35 cubic feet off facility components where the length or area could not be measured previously.

AFFIDAVIT: The undersigned property owner *duly authorized tenant/lessee contractor [check one] certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in legal action.

Signature of Owner/Agent/Representative

Date

Print Name

Daytime phone number

* Power of Attorney Form is required.